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CLINICAL LECTURE.

CHRONIC ARTHRITIS OF THE KNEE.

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GENTLEMEN: The case I bring before you to-day presents nothing remarkable. It is the old, old story of a diseased joint of many years' standing, with a suppurating sinus leading to it, treated with a splint. The history is briefly this: The patient is twenty-three years of age. When about four years of age he hurt his knee. It swelled, but did not grow painful. The swelling persisted from year to year. He could run about, and did not seem to notice any defect in it. When about twelve it was noticed to "draw up" a little, *i.e.*, he could not fully extend it. For this he was advised to wear a splint or plaster dressing. This was worn for a long time, with the effect of giving security to his gait, while at the same time his power of flexion and extension was being gradually abridged. For the last year or more he has not been able to work, owing to the pain that is present in the joint, though he has worn an expensive, well-fitting, steel brace that has made it possible for him to walk about by means of a cane.

As I uncover the limb you will notice that the knee is prominent, and, if you will compare the long axis of the tibia with that of the femur, you will readily detect a displacement or want of harmony of the joint ends. The tibial portion of the knee-joint lies slightly posterior, as if it were a subluxation.

Now, what is the interpretation of this position? Simply this: Nature is trying to remove, through dislocation, one diseased joint surface from its diseased fellow. If we wait long enough she will accomplish it, and then, in all probability, the part will get well, as far as pain and sinuses are concerned. Fibrous or bony ankylosis will follow, and a useful limb may be the ultimate result.

There is also below the tibia, upon its antero-lateral aspect, the opening of a sinus. Such a sinus near a diseased joint almost certainly communicates with it. It is not of the slightest importance that you can trace such a sinus to the joint, and get a grating as from dead bone. You must make your diagnosis and decide upon your course of action wholly independent of a fistulous sinus. In this case we have the history of a synovitis that has persisted from early childhood. Had it been a simple, trifling injury, it would have rectified itself, or yielded to the treatment, no doubt, directed by physicians consulted at that time. The probability is that it was not a trifling injury. When a synovitis persists in childhood you have good reason to suspect a bone-lesion. There is little doubt that in this case one of the epiphyses was injured beyond the possibility of repair, and hence nature, in all these years, has been powerless to effect a cure. Such a case as this, properly treated in infancy, will as certainly get well as a fracture or a dislocation. Modern surgery has made no more radical changes than in the treatment of joint injuries and diseases.

In examining this joint I find slight motion. The patella is fixed. This fact alone tells me that the patient is doomed to go through life with a stiff knee. What I propose to give him is a stiff sound knee in exchange for the stiff, unsound, and painful one. As he is of age,

the question of resection will not bear upon the development of the limb. Whether we resect, or curet and scrape away the diseased tissue, the first step is to inspect it, and to do this we must lay it freely open. I make a transverse incision following the line of the articulation, beginning at the inside, well down, and carry my incision to a corresponding point on the outer (lateral) aspect of the joint. There is no rule where to begin and where to end this incision. My plan is to include about three-fourths of the circumference, so that after the resection a drainage-tube may lie loosely, transversely across and beneath the resected bones. I always, in resections, remove the patella. Sometimes it is firmly fixed and must be lifted out of its bed with a chisel. Having removed the patella, the bands that join the two joint ends are cut and the tibia flexed upon the femur. Having freed the condyles of the femur, the saw is applied, and enough removed to give a good bone surface. The same is repeated in the tibia. One point of importance in sawing off the bones,—it is desirable to have the ankylosed knee bend slightly forward. This must be borne in mind in sawing the femur. If this is provided for in the femoral section, the tibial section may be at right angles to the long axis of the shaft. It is important that all bleeding should be stopped, and hence hot bichloride sponges should be held in the joint to arrest the capillary flow. I never apply the Esmarch tube or bandage as a preliminary step. In most instances the hæmorrhage is all from the superficial incision, and can be readily controlled with clips. The hæmorrhage arrested, the next step is to provide for drainage. This must be at a dependent point. Cross-drainage may be enough, but I like to supplement it with popliteal drainage.

The next question is, Shall the resected ends be pinned, wired, or tied with catgut? There is no opportunity for originality in this line. Every expedient has been resorted to. Long, square, steel pins are used. Nails are driven parallel to the cut surface, some in the tibia and others in the femur, and these are wired. Then, too, silver, iron, or copper wire is used in wiring contiguous parts together. In all these cases, the nails, pins, wires, etc., must be removed, and this sometimes involves the employment of an anæsthetic. Catgut may be used, and the entire wound closed, except at the points of exit of the tubes. Whatever is used, the chief reliance in fixation must be in the final permanent dressing. I always use the plaster-of-Paris bandage. The pelvis and thigh are first included, and this part is attended to, as you see, before the operation. Then, after the dressing of the wound, the plaster-of-Paris bandage is continued to the foot. It will thus be seen that the foot, thigh, and pelvis are all immobilized, and hence there can be no change in position after its application. I usually inspect the wound on the following day through a window in the plaster bandage, clear out the drainage-tubes, re-apply dressings, and then am governed by the temperature and the appearance of the dressings as to future dressings.

Let us now examine the sections removed from the joint ends. That from the femur is healthy, though from the long disuse its cancellous chambers have become thinned and filled with fat. If, now, we look at the tibial section, we find an epiphyseal excavation. It is of the size of a marble. Its drainage was through the joint and the cavity always full of pus. There is no communication with this cavity from the side, nor was there any possible means of finding the focus of disease in any other way than the one adopted. Had I known the point of disease I could have drilled into it from the tibia below the tuberosities, passed a drainage-tube through and through, and possibly effected a cure within six months, with far less confinement to the patient. As to the risk, I regard it as very slight. In seven consecutive cases I have not seen an alarming symptom.

ORIGINAL COMMUNICATIONS.

MODERN OBSTETRIC METHODS.

By E. P. TOWNSEND, M.D.

THERE is no part of the duties of the medical practitioner that appeals more to his sympathy than his services to women during the process of parturition. Surgery brings before our eyes horrible forms of mutilation or disease which have appealed to the skill and inventive genius of that branch of the profession. Medical men fight insidious disease, oculists perform wondrous acts of skill, but the obstetrician comes to the bedside at that hour when woman, in obedience to her God-ordained duty, is called upon to suffer pangs which have no parallel in human suffering. To you she appeals, and upon you a loving husband and

sympathizing friends depend for her safe delivery from her troubles, and if there is any time that the physician should forget self and all other interests but the best management of the patient for her safety and future welfare it is then. It has been my province to deliver almost one thousand women, and I cannot yet look upon the progress of the simplest, most natural labor, without wondering how any woman can go through with it and live. I cannot better introduce my subject than to refer to the well-known axioms of Professors Charles D. Meigs, of the Jefferson, and Hodge, of the University, that meddlesome midwifery is mischievous. The mechanism of labor is a natural process, and a great majority of women would go through it safely and recover thoroughly without the assistance of a physician. Certain physical disabilities or malformations on the part of the patient, malformations or malpositions of the child, occur occasionally, which not only require the assistance of the obstetrician, but sometimes baffle the best skill he can possess. The old teachers, in their attempts to instruct the accoucher, taught him upon his arrival at the bedside to satisfy himself by digital examination as to the form of the pelvis, the condition of the vagina and external genitals, the condition of the os, and presentation of the fœtus. These points satisfied, if the labor had advanced sufficiently to demand it, he should sit down and wait, as long as the patient was doing well, for nature to accomplish the delivery. Should the head cease to advance as it ought, the patient become exhausted, the pains cease, or symptoms of convulsions occur, he should, as soon as the os was sufficiently dilated, apply the forceps and deliver. This in a nut-shell was the practice of a quarter of a century ago.

I am not sufficiently acquainted with modern teaching, but I know that modern obstetric methods are different. The obstetrician of today is a man of business. He has no time to wait for poky, old Dame Nature to bring a child into the world. When he reaches the bedside and finds, by examination, an os that is slow about dilatation, he sits down by the bedside and resorts to what is denominated finger-stretching, succeeds in wiping from the vagina the mucus that is intended for lubrication, applies his forceps through an impartially dilated os at the risk of the integrity thereof, and, if possible, by brute force pulls the head through an undilated vulva at the expense of a torn perinæum, ties the cord, cuts it, washes his hands, and leaves in high glee that he has been so quickly delivered.

A year or more ago, I was crossing on one of the ferry-boats, when a medical man called my attention to his hands, which were blistered by attrition. I inquired the cause, and he said he had done it the night before with forceps while delivering a patient. I noticed the undertaker delivering the same woman to the Camden Cemetery officials two days later. No physician should engage to attend a woman in labor unless he is willing to devote to her all the time that is necessary to conduct her through a safe delivery, and he should never resort to the use of forceps unless her safety or the safety of the child makes it imperative. If the labor has not advanced sufficiently at your arrival to demand your presence, and the patient is in good condition, you can generally form a pretty good idea of when you will be wanted, and go about your business. Again, much mischief is done by following the practice adopted by some physicians, of sitting at the bedside for hours with one or perhaps two or three fingers continually inserted in the vagina,—rooting, hunting, and fumbling,—to ascertain a diagnosis. It is irritating to the patient, heats, congests the vaginal walls, and denudes them of the lubricating mucus, and, in many cases, I am sure, abrades or scratches the mucous lining, furnishing points for septic absorption. If obstetricians make truthful reports, which I have no reason to doubt, septicæmic poisoning, as a result of childbirth, is more than twice as frequent as it was two decades ago. What is the cause? There is no doubt that the application of forceps in the most skillful hands very frequently breaks the continuity of the vaginal or uterine mucous membrane at some point. Hence, as their use is more general, the chances for septicæmia are proportionately greater.

What follows? The use of preventive measures. The nurse is armed with a syringe, and is directed to use hot douches of solution of bichloride, potas. permanganate, liq. sodæ chlorinate.

Very naturally, with uterus just delivered, the fluid, accidentally or intentionally, is thrown into its cavity, with not infrequent attacks of uterine cramps or resultant metritis or peritonitis. My object, therefore, is to protest against spluttering, hurrying obstetricians,

against the interference with perfectly natural processes, against the unnecessary amount of digital examination, the unnecessary use of forceps, and the worse than foolish, but meddlesome and dangerous, use of vaginal slushings when there is no positive indication for them.

A CASE OF OLD FRACTURE OF THE PATELLA CURED BY WIRING THE FRAGMENTS.

By W. C. WILE, A.M., M.D.,

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OF all the various fractures of bones of the human body, there is none which excites more uneasiness as to the result of the healing process, in the mind of the surgeon, than does a solution of the continuity of the patella. Various devices have been advocated for the purpose of keeping the fragments in apposition, in order to have the desire of the surgeon realized—union by bone, instead of cartilage; but none of these instruments have produced the results, of which, taken collectively, we may as a profession be proud. To be sure, with the hooks of Malgaigne, better results have been obtained in later years than formerly, though the failures have been many and near together, while diseases of the fragments of bone have been caused by their use.

To say the least, they are cruel. Next to the hooks, come in their order plaster-of-Paris, moleskin plaster, bandaging, etc.; all of which in our hands have proved unsatisfactory. To be sure, an occasional case will get well with fair results, from seemingly simple dressings, but these cases are exceptional, and unusual. About twenty-five years ago the method of cutting down, and in the case of old ununited fracture freshening the edges of the fragments, and wiring them together with silver wire, came into vogue. For a time it fell into disuse, to be again revived by that famous surgeon, Sir Joseph Lister, the man to whom we owe our deepest debt of gratitude. One thing seems to be pretty well established, and that is, by this method a greater percentage of good recoveries have been reported than by any other, and if done under strict antiseptic precautions is comparatively free from danger. The following case will illustrate the method and result:—

John F. H., an American, forty-one years old, of bad habits, on the 23d of January, 1884, about 5 P.M., slipped on the ice at 148th Street and North Third Avenue, New York City, and fell heavily to the sidewalk, striking his right knee. On attempting to rise he found he could not do so. An ambulance was called, and he was taken to the Reception Hospital of Bellevue Hospital. At this place it was set by means of, as he termed it, a surgical instrument and rubber plaster. He was kept there for two weeks and two days. On the Sunday evening previous Prof. Frederick S. Dennis saw him. August 31st, had him put in a plaster-of-Paris splint, and transferred him to St. Vincent Hospital. Here plaster-of Paris splint was kept on for three days, when he was taken to the operating-room and Professor Dennis applied Malgaigne's hooks. This was done without ether, but with considerable pain. These hooks were kept on for six weeks and were then taken out, but not without suffering a great deal of pain during their removal by House-Surgeon Riley. He remained in the hospital two weeks more, and then left with an ununited fracture, but still with the aid of a cane was able to crawl around. In October, 1887, he was brought to me by Dr. G. H. Pierce, of this city. I found that the bone was fractured in three pieces, that there was only cartilaginous union, and that the gap between the fragments was about two inches. His trade was that of awning-maker, and at it he could not work at all. In fact, he was liable to fall at any time from the slightest rotation inward or outward of the foot. I advised an operation, and he was removed to the Danbury Hospital, where, on the 26th day of November, in the presence of Dr. Robert T. Morris, of New York; Drs. Watson and Pierce, of Danbury; Barber, of Bethel; and Todd, of Ridgefield, I did the following operation: Thoroughly washing and shaving the parts with soap and water, aided by a nail-brush, and then douching the limb with a solution of bichloride solution one to one thousand, I made an incision (an irrigating-tube playing on the wound all the time with a bichloride solution one to one thousand) in the median line over the patella. The incision was about seven inches long, and the skin and fascia were then dissected up. I found that the fragments were widely separated and connected only with moderately firm cartilaginous bands. These I dissected out, and with a cartilage-knife I cut away enough of the bone of each fragment to

make a well-roughened edge. By the aid of assistants I made holes in them, and drawing them together with double silver wire I twisted them tightly. The coaptation was perfect.

After all the sutures were in position the ends were twisted and hammered into the larger fragments, where they have remained to this day, causing no inconvenience whatever. The *débris* was all cleared out, bleeding stopped, the edges of the wound brought together with silk-worm-gut stitches, iodoform dusted on the external surfaces, a cotton pad placed over all, and a roller applied. A straight board splint was applied to the posterior surface of limb, held in place simply with a roller. The patient rallied from the shock quickly, and for ten days did not have a pain, or suffer the slightest inconvenience. On the thirteenth day I took off the posterior splint and put on a plaster-of-Paris dressing, but this caused so much pain that I had to remove it on the same day, replacing it with the old one taken off. The patient was kept in the recumbent position for eight weeks, when he was allowed to go about the ward. The wound healed throughout its entire extent by first intention. There was no inflammation of any character, and when he was discharged, after three months, there was firm union, the limb was strong, as he said, as strong as ever. Here certainly was a man restored to usefulness by the wiring of the fragments when several other methods had failed.

HYDRIODIC ACID.

By JOHN V. SHOEMAKER, A.M., M.D.,
PHILADELPHIA.

IF any alterative is more in demand than the iodides it would puzzle therapeutists to agree upon its name. Many obscure deviations from health, amounting not always to pronounced disease exist, which will not give way to simple tonics or to depurants of the purgative order. These maladies are the bane and torment of a busy doctor, and many times he gets them out of his list by the use of iodides. Then, again, when well-defined cases of scrofula and syphilis are under our care, the value of a good alterative is pre-eminently a question of moment. Unfortunately the iodides have a tendency, in many instances, to inaugurate stomach disorder in large or long-continued doses, and yet the absolute need of the remedy is apparent. What then shall we do? We can have recourse to hydriodic acid. For years this agent was officinal in the "Dispensatory," but it was dropped because of its unstable character, which made it not only unpleasant but unsafe to administer. For almost ten years the acid was not obtainable, until, in 1878, when Mr. R. W. Gardner, of New York, introduced the agent in the form of a syrup which the best tests have shown to be unalterable by any ordinary exposure in the sick-room, unless in hot weather, when of course it should be excluded from either extreme light or heat. Sufficient time has now elapsed to demonstrate that the claims made for the syrup are well founded, and that it replaces the salts of soda and potassa in an entirely satisfactory manner. An important addition in the form of the syrup of hydriodic acid has therefore been made to current therapeutics. By the use of this syrup we obtain in a palatable form iodine in its most effective state. Mr. Gardner has shown that "when not decomposed hydriodic acid is of a light-yellowish color, is perfectly non-irritant, gratefully acid to the taste, and rendered still more acceptable if combined, as in this preparation, with sugar.

"In chemical composition it consists of one equivalent each of iodine (HI). As the equivalent of iodine is 127, and that of hydrogen 1, it follows that the proportion of hydrogen present as compared to iodine is less than 1 per cent. (78-100 of 1 per cent). Absolute hydriodic acid is therefore nearly pure iodine.

"It affords the most natural and effective means of assimilating iodine, as the hydrogen with which it is combined is one of the largest elementary constituents of the body. The combination renders iodine more assimilable, therefore, because in physiological harmony, while it is medicinally more active, and deprived of its objectionable irritant properties, and changed from a most disagreeable to one of the pleasantest of remedies."

One fluidounce of this syrup contains 6.66 grains of iodine converted into hydriodic acid. Its action will be found more efficient in equivalent doses than iodide of potassium, while it produces none of the unpleasant effects of the latter, such as loss of appetite, soreness in the fauces, nausea, etc. Physicians who use iodide of potassium largely will appreciate this, because it is more active than iodide of

potassium, and should be given in smaller relative doses, thus not interfering with digestion.

Its effect upon mucous surfaces is more marked than with other forms of iodine, while it is effective in smaller relative proportions, and, when required, is so free from irritant action that it may be given to the youngest infant.

Our chemist, just quoted, further adds: "that hydriodic acid has a characteristic subacid taste, and if the syrup contains about (6.66-100 grains) in one fluidounce, it will taste like lemon-syrup, or lemonade. Consumers of the syrup can be guided as to any deleterious change in it by noting the color. When decomposition has occurred in syrup of hydriodic acid, it becomes first red and finally black. This is owing to the very feeble chemical affinity existing between its elements, and is caused by the gradual oxidation of the combined hydrogen into water (HO) and the consequent freeing of iodine, which passes at once into solution in the remaining hydriodic acid.

"In this condition it is unfit for medical use, because the irritant action of free iodine is again restored.

"It will be seen that this change is inherent, though it may be delayed. After this change has commenced, however, it is progressive, and the preparation cannot be restored to its former condition.

"The best method of preventing this change is to keep the syrup in as cold a situation as possible, in a refrigerator if convenient, during warm weather, and carefully excluded from air by keeping it well corked."

The syrup of hydriodic acid is especially serviceable in asthma, hay fever, acute and chronic rheumatism, chronic bronchitis, and in many chronic congestions of the mucous tract. Probably the greatest value to the practitioner of syrup of hydriodic acid will come from its employment in syphilis, particularly in the latter stages. The stomach is often rebellious at this time, for it has most likely been surfeited with mercury. Many cases drag along under iodine because not enough of it can be borne, and mercurials frequently are not only useless but at times injurious. Instances such as those related bear admirably large doses of syrup of hydriodic acid. Some cases have come under my observation in which the patients were at a standstill, who at once brightened up and rapidly improved under the use of the syrup of hydriodic acid. If thought desirable the biniodide of mercury (the red salt) can be combined with the syrup, but the protiodide cannot be used at the same time, because it (the green salt) would be converted into the former salt, and unless care was taken the unexpected activity of the syrup thus prepared would exceed the prescriber's expectations and possibly injure the patient. In syphilis the syrup can be pushed, if needed, until the characteristic saturation is evident, or when the metallic taste becomes pronounced we know that iodism is near at hand. It is advisable, however, not to carry the administration so far.

In rheumatism the syrup may substitute the alkalies and may cut acute attacks short sooner than the ordinary drugs that are usually prescribed. It is certainly a useful article in chronic muscular rheumatism. It may be and has done good service in sciatica. It may be administered during acute attacks without reference to the fever, and in moderate doses, say a teaspoonful or two, every two hours. Of course it will not act promptly and effectually in all cases, for rheumatism is notoriously fickle, as related to curative agents. In bronchial disorders, small and frequently-repeated doses are better than large ones. It may be administered in this latter affection in from twenty to thirty drops every two hours. The syrup has been recommended in chronic arsenical poisoning, several cures being noted. In lead poisoning it has also been serviceable. In obesity the steady administration of the syrup of hydriodic acid, with suitable regimen, has a very happy effect.

We are not too well supplied with agents of repute in this disagreeable complaint, hence a note on this point in reference to its use in this respect is of utility.

Many skin diseases are benefited by the syrup of hydriodic acid. In connection with cod-liver oil it is valuable in some varieties of eczema, particularly in children. It is especially efficacious in the form known as scald head, which is often so obstinate and unyielding to many remedies. Scrofulous persons (those predisposed to glandular troubles) receive decided benefit from its use. The red-eyed children, those having recurrent granular lids, with repeated attacks of mild conjunctivitis, derive great relief from syrup of hydriodic acid. A case of amyloid liver with fatty

heart, in the practice of Dr. F. A. Burrall, of New York, was notably aided by the syrup of hydriodic acid, and he indorses it in glandular troubles generally. Dr. Blackwood, of Philadelphia has employed it largely in his practice, and reports cases of exophthalmic goitre, lumbago, and uterine catarrhs which were cured by the syrup. It is desirable that hydriodic acid should be given by itself, inasmuch as it is very susceptible to chemical action. Combinations with other remedies might act injuriously upon it. Metals and alkalies are incompatibles; so, also, are oxidizing agents, as, for instance, acids, permanganate and chlorate of potassium. These would form iodic acid, which would be highly injurious to the patient. If intolerance becomes apparent, as occurs with really all active medicines, after a more or less extended use, the syrup should be dropped for a week or ten days, when most likely the stomach will have recovered its tone, and it may again be administered. Unlike many remedies which, when once objected to in this way, are never likely to be good again, the syrup is just as palatable and equally efficient when taken up after a vacation (so to speak) as when first given, which is an important characteristic of this remedy. Although syrup of hydriodic acid is used by many practitioners, we call attention to it, believing that a wider knowledge of it is desirable, and feeling certain that a careful trial by physicians at large will add to their armamentarium an important remedial agent, and that they will learn to appreciate its value as we have by its employment in a wide circle of disease for many years.

SOCIETY PROCEEDINGS.

MEDICAL SOCIETY OF DELAWARE—THE PRESIDENT'S ADDRESS.

By W. T. SKINNER, M.D.,
GLASGOW, DEL.

GENTLEMEN OF THE MEDICAL SOCIETY OF DELAWARE: I think we may congratulate ourselves to-day that it is our good fortune to see the centennial of our noble and time-honored institution, and upon an occasion like this it would seem fitting that we should take a brief retrospect of the past, and compare the circumstances of the corporators of this society in 1789 with those of ourselves.

"The Medical Society of Delaware is one of the oldest institutions of the kind in this country, being probably antedated only by the Massachusetts and New Jersey Medical Societies,"* and, to use a somewhat trite expression, it had its birth in the "times which tried men's souls." The colonies had, it is true, gained their independence, had adopted the constitution, and had just inaugurated George Washington, in New York, as the first President of the United States. But it was not all smooth sailing yet. We are told that the nation was confronted by grave financial embarrassment; its energies as well as its resources seemed exhausted by the prolonged struggle through which it had just passed. The people, so long accustomed to war, were now ill-fitted for the pursuits of peace, and, feeling very keenly the pinch of hard times, soon began to be discontented, and rebellion threatened even the very existence of the newly organized government.

The country was wild, and its inhabitants, numbering about three millions, were scattered along a narrow coast-line with three thousand miles of ocean upon one side of them and nothing but dense forests inhabited by savages upon the other. Sickness prevailed to an alarming extent, and there was a great demand for educated physicians, there being only about as many graduates in medicine at that time upon this whole continent, as we now have in the State of Delaware. These followers of Æsculapius were hard-worked and but poorly paid, and after they had attended the necessities of the present they had few or no opportunities for scientific investigation and discovery; and, says Clark,† "if Boerhave, Cullen, Hunter, or Bichat had found themselves in America at that time they would have been obliged to take care of the sick rather than investigate the laws of disease and of life, and the world would never have heard of them as original investigators and natural philosophers."

Of the medical men whose services were so indispensable to the existence of our country in its earlier days none were more distinguished than those of Delaware. The first president of this society, Dr. James Tilton, was a man of broad culture, and his distinguished services throughout the Revolutionary war very justly entitle him to be named as one of the trio of great men in the profession in that day, namely,

* Bush's History Medical Society of Delaware.
† Century of American Medicine, by E. H. Clark, M.D.

Rush, Warren, and Tilton. He had the honor, as you know, to be elected to a professorship in the University of Pennsylvania, which he declined, in order to continue in his country's service, and upon the breaking out of the war of 1812–15 he was made Surgeon-General of the United States.

Dr. Joseph Philip Eugene Capelle, another one of the corporators of this society, served upon the staff of Lafayette, and when the great general was wounded at the battle of Brandywine Dr. Capelle was the first to offer him surgical aid. Of Dr. Edward Miller, another of the patriots of the Revolution, and one of the charter members of this society, its first secretary, and the first to deliver the annual oration before it, the great Rush declared that "he was second to no physician in all this country."

It does not come within my scope to give an historical sketch of the members of our society, the historian of the day has already attended to this part of the programme; but I have cited a few examples only from his statements, to show you that "our ancient record is an honorable one." "There were giants in those days, men who were further in advance of the times in which they lived than any we now number in our membership."

It must be remembered, in extenuation of any adverse criticisms on the practice and attainments of the medical profession of that day, that the world itself had not advanced beyond the pace of the old-fashioned stage-coach, and a slow coach at that.

At the beginning of this century "the human hand performed all the work that was done, and performed it badly. There were in use in English and American homes the same primitive means by which the world's wool and flax had been reduced to yarn for thousands of years. The same rude contrivance used in ancient Mycenæ and Troy, by Homer's heroines. There are men alive to-day," says Dr. Strong, "whose mothers, like Solomon's virtuous woman, laid their hands to the spindle and distaff, and knew no other way."*

It is a great thing to stand at this end of the century and look back to its beginning, and note the successive steps in the world's progress since that day. Our society had been in existence for eighteen years before Fulton's steamboat made its trial trip upon the Hudson, thirty-one years before the first iron plow was made, forty-one years before the first railway train was run, forty-four years before the tinder-box was, by stages, supplanted by the friction-match, forty-nine years before steam communication was established between Europe and America, fifty-five years before the first telegram was sent; and so I might go on enumerating the immense strides made up to the present; such as the Atlantic cable, the telephone, phonograph, electric lights, motors, railways, etc., and it will be seen that the nearer we approach the closing years of our century the more rapidly do the great achievements in art, science, invention, and discovery succeed each other, and, says Dr. Strong, "if we measure time by its results twenty years of this century may outmeasure a millennium of olden time."

In 1815 the news of the treaty of Ghent reached this country about two months after it it had been concluded, too late to prevent the famous battle of New Orleans, and the sacrifice of over two thousand lives. In 1889 events are reported with such rapidity that the different parts of the world may be said to be only carrying on a brisk conversation with each other; and had there been the same facilities for transmitting messages in that day that we now have, in five minutes after the last signature was appended to the treaty of Ghent, "the still, small voice would have whispered" into Jackson's ears "peace, be still," and two thousand brave hearts would have been spared to the bosoms of loving families.

If we contrast the state of the medical profession of that day with this, we shall see that its progress too has been great. Says Clark, "Empiricism, authority, and theory ruled the medical practice of the world at that time."

The study of pathological anatomy is almost wholly a product of this century, and, says Clark, "obstetrics has been rescued from the hands of ignorant midwives, and with its allied branch, gynæcology, raised to its legitimate position as a science." Hygiene and preventive medicine have considerably prolonged the average of human life. The reflex action of the nervous system has been demonstrated. Auscultation and percussion have been brought to our aid in exploring the internal organs. The ophthalmoscope, the microscope, the spectroscope, sphygmograph, hypodermic syringe,

* Opening Chapter of Our Country, by Rev. Josiah H. Strong, D.D.

and clinical thermometer have all created revolutions in their respective fields. Vaccination has robbed small-pox of its terrors. Materia medica and therapeutics have undergone the most marvelous changes; but the crowning glory of this century, and the event which must always serve to make it memorable, is the application of ether and chloroform to render surgical operations painless.

All these things, and many more have come to us since the beginning of the century, whose centennial we celebrate to-day.

For one hundred years the meetings of the Medical Society have been the Mecca to which the faithful have journeyed once a year. Yes, journeyed is the term, for it must have taken at least three days for a man from Wilmington or Sussex to attend a meeting here in Dover,—one to come, one to attend the meeting, and one to return home again. But to-day we step aboard of a fast train, have agreeable companions, and after spending an hour or so pleasantly chatting and, as the train proceeds, constantly deriving new pleasures by being joined at every station by old friends whom we have not seen since our last meeting, we reach our destination and find ourselves all together, Sussex, Kent, and New Castle. I will not attempt to describe what follows. It is a grand old reunion, and yet I doubt that so large a percentage of the medical fraternity attend its meetings to-day as there did in those good old days.

A few years ago, Dr. Holmes, in an address on the occasion of the centenary of the Medical Department of Harvard said, "We are in the habit of counting a generation complete in thirty years, but two lives cover the whole century by an easy act of memory. I, who am now addressing you, distinctly remember the Boston practitioners who walked among the dead after the battle of Bunker's Hill, and pointed out the body of Joseph Warren amongst the heaps of slain." When I first read this statement it made a wonderful impression upon my mind, but since I have been looking into our own history a little I find that we have with us to-day a member who, though his eye is not yet dimmed by age, nor his step wanting in elasticity, was familiar with the appearance of Dr. Tilton, the first president of this society. I refer to Dr. L. P. Bush, who is the connecting-link between our past and future; and may he extend as far into the new century as he reaches back into the old!

Our society has been a grand old conservative institution, which has served well the times through which it has come down to us, and I think it well deserves our best efforts to perpetuate it, and I am glad to know there is a proposition on foot to reorganize it upon a broader basis. I think before it enters upon a new century it should be "born again," and have a new spirit breathed into it, the spirit of the closing years of the nineteenth century.

We nowadays hear a great deal about lengthening the course of study, and raising the standard for graduation. This would no doubt be of superlative advantage to those who are to come after us, but for us who are already launched upon our professional careers it is of vastly more importance that we should have greater facilities for improvement after graduation, and I do not know what would better meet our wants in this respect than good county societies with monthly meetings. The State Society with only its yearly meetings does not offer us all the opportunities of which we stand in need, the time being nearly all taken up with the routine business of the meetings, in which but few of our members are interested, consequently the attendance is not so large as it ought to be. I should be glad to see the same system here which our neighbors have in Pennsylvania, namely, county societies with monthly meetings. I can speak from my personal experience of their efficiency, having upon several occasions been their guest. Their State Society, as you know, is made up of delegates from their county societies, and I think our State society, like Pennsylvania's, should have not less than three days for its yearly meeting, and, instead of this little pamphlet, we should print a volume of transactions worthy the reputation of the Medical Society of Delaware.

Professor Donaldson used to say to us that our diplomas were only certificates that we had "begun the study of medicine," and it seems to me that when we say of a man "he has graduated," it simply means that he is able to read a little in the great book of nature which is now spread out before him, and which many thousands are reading in different parts. Some are further advanced than others, and are like pioneers entering upon new portions, whilst the great army of readers are still confined to those portions which have been traversed over and over again, and even the most advanced cannot but be deeply sensible of the utter insignificance

of the part he has mastered, as compared to the great unexplored portions which still lie before him. Apropos to this sentiment is the beautiful fiction of the "Caliph . . . . standing upon the summit of his magic tower, and seeing mountains far below, like little shells, and the cities no larger than beehives at his feet, he would straightway have adored himself, had he not beheld the planets (still) rolling (on) at their old immeasurable heights above him."*

And so, methinks, gentlemen, "it is well at times," as Dr. Stoddard says, "not only to look back at what has been done, but to look forward at what remains to be accomplished, and to compare our knowledge, not with what our forefathers knew, but with the Universe about us."†

Great as is the satisfaction we derive from contemplating the past, I predict that, whoever stands up here a hundred years hence, to recount the changes which shall have been wrought by that time, will have more to say of the century upon which we are now just entering, than can be said even of the one which closes with us to-day.

ABSTRACTS.

SOME AFFECTIONS OF THE GENITO URINARY ORGANS.

MATTHEW BERKLEY HILL, F.R.C.S., Professor of Surgery in the University College, London, in the course of some lectures delivered at the Royal College of Surgeons, described most fully chronic urethritis, and in his remarks, published in the Lancet, spoke as follows:—

TREATMENT OF CHRONIC URETHRITIS.

The different methods of treatment were compared, and the effects of these demonstrated by means of an analysis of cases prepared for the purpose. In one hundred and ten cases this analysis showed that one at least of the four following conditions was present: (*a*) abnormally small meatus; (*b*) stricture, single or multiple, slight or tight; (*c*) patches of inflammation; (*d*) granular areas. Though other conditions might be present without production of strictures, in the great majority of cases stricture was present. In thirty-five of the one hundred and ten cases there were but one stricture, and in seventy-five more than one. The strictures were most numerous between the third and fourth inch from the meatus; next to that, in the first inch and a half. Stricture is not indispensable for the maintenance of the chronic discharge. In a patient who had had discharge for twenty-five months, No. 27 millimetric bougie passed easily on the first examination. On the other hand, patients whose affections have continued for a few weeks or months have not infrequently unyielding areas which form into strictures. The average duration of the treatment in ninety cases was two months and a half, but this includes treatment in many different ways.

Soluble Bougies.—Among the remedies used were soluble bougies containing various drugs in amalgamation. Fifty patients had been treated with this remedy; the average number being twelve per patient, although in one case forty eight bougies were employed. In ten a cure was effected: one by rhatany, one by krameria, one by sulphate of zinc and belladonna, four by chloride of zinc and belladonna, and three by chloride of zinc alone.

Thallin, as prepared in Christy's bougies, was tried in nine patients with the following result: None were cured, four were made worse, one was slightly benefited, and four were not improved.

Iodoform bougies were not used in any case, as they are useless in chronic urethritis, and of little service in acute urethritis.

Permanganate of zinc has been used by the lecturer for several years. It was first recommended to him by Dr. Alder Smith, of Christ's Hospital. He prescribes it in all kinds of urethritis, most frequently in the acute form. Notes of its use were taken in seventy cases; ten were cured by it, in fifty-four it very greatly diminished the discharge, in four it did no good, and in two it made the discharge worse. Its use was particularly marked by the absence of any irritation. It should not be used in strong solution (one grain in eight ounces of distilled water), and should not be prescribed in conjunction with vegetable extracts, as an explosive mixture is thereby produced.

The sulphates of zinc, alumina, copper, and iron are most efficacious in the later stages of gleet. They appear to be easily absorbed, and

* Address to the graduates of the University of Maryland, by Provost S. T. Wallace, 1869.

† Augustus Letters, by R. A. Stoddard, D.D. New York Observer, 1888.

penetrate deeply into the inflamed tissue. The alumina and zinc salts appear to combine with the discharge without penetrating deeply into the mucous tissue. Sulphate of copper, on the other hand, penetrates deeply, and must not be used in a strong solution, as it then causes a slough, which leaves a scar behind it. These notes were taken by observation through the endoscope. Sulphate of iron is of no great value, but usefully affects the three preceding drugs. Twenty-five cases were treated with the four sulphates; in eight it was the third remedy employed, with four cures and four improvements. Used as the first remedy it cured twice and improved twice. The rest of the twenty-five it either cured or improved, with one exception; in that no improvement was marked. The strength of the solution as commonly used is—sulphate of zinc, thirty to forty grains; alum, thirty to forty grains; sulphate of iron, twenty grains; sulphate of copper, two grains; water, eight ounces.

In using the nitrate of silver solution, small instillations are made on the points of disease previously ascertained. The strength of the solution varies from five to twenty-five grains; five to ten minims is the quantity injected. The irritation caused by this injection is unimportant. The effect passes off in a day or two, and must be repeated every third or fourth day until the granular patches no longer exist. Where induration of the submucous tissue exists as well as granular patches, these unyielding parts are stretched in the passing of the bougie before the instillation of the nitrate of silver.

The nitrate of bismuth has but a restricted value as an astringent. In some cases it does good, in others none.

For the value of chloride of zinc as an injection forty-three cases were analyzed. In seventeen of the forty-three the discharge ceased after its use; in nine others it diminished.

Extract of belladonna and extract of opium, long used by the lecturer as sedatives, appear to have but small influence in that direction.

Cocaine in five-per-cent. solution, applied before the injection is thrown in, is a very efficient anæsthetic when much pain is caused by the injection. Parenthetically, it was remarked that during the acute stages of gonorrhœa, when scalding is severe, the injection of ten-per-cent. solution of cocaine into the urethra entirely prevented the scalding pain of micturition.

After a few remarks on the injurious effects of certain articles of diet, the lecturer described his method of treating the granular patches—this being first to pass bougies in order to dilate the contracted areas. Observation on the effects of bougies found this to be always the same—viz., not to *stretch*, but to *split*. The splits pass through the fibrous areas and do not affect the naturally elastic membrane. The endoscopic tube is then passed down through the split part, and a mop soaked in nitrate of silver solution is applied to the patches and to the split areas as the tube is withdrawn; the granular condition of the membrane or prostatic part being also treated at the same sitting by the instillation of a few drops of nitrate of silver through a catheter fitted for the purpose.

The appearance of strictures split by the passing of bougies in the ordinary process of dilatation and some of the chronic strictures were demonstrated by drawings and diagrams; also others divided by internal urethrotomy were shown in comparison.

SOME AFFECTIONS OF THE PROSTATE CONSEQUENT ON CHRONIC URETHRITIS.

Prostatic Catarrh.—This is a very common accompaniment to chronic inflammation of the penile portion of the urethra. The liability was mentioned of urethritis to arise in gouty people on small provocation, such as excessive acidity of the urine. Such affections are increased by specifics against gonorrhœa, and usually assuaged by alkalies and colchicum. The irritation caused by excessive excretion of phosphates in the urine was alluded to.

The symptoms of the prostatic catarrh and the methods of diagnosing it were then described, one chief symptom being the sense of heat produced by the passage of a sound over the membrano-prostatic urethra. The changes of the surface as seen through the endoscope were described to be granular thickening, enlargement of the papillæ of the surface, and erosions. Infiltration and condensation changes in the membrane of that part of the urethra do not take place. The prostate becomes in catarrh regularly marked with slight elevations and depressions of purple or crimson hue. In the depressions are placed little flecks of viscid matter. The shape of the prostatic portion varies considerably. When much congested

the surface rises into a rounded form. When congestion ceases the surface sinks till nearly flat. With mere prostatic catarrh the examination with the finger in the rectum does not usually detect any change of health.

The treatment consists mainly of local applications, and in a *régime* from which excitement and excessive exercise are excluded. The local treatment consists in repeated injections of small quantities of astringent solutions, often of nitrate of silver, as already mentioned. Occasionally the specifics, cubebs, buchu, sandal-wood, copaiba, etc., are useful.

ISOLATED RUPTURE OF THE BLADDER.

DR. BARTSCH, City Physician of Parchim, in Mecklenburg, remarks that cases in which the bladder alone is lacerated without injury to other organs are rather rare. Max Bartels was only able to report, in Langenbeck's Archives, vol. xxii, page 716 *et seq.*, about eighty instances of this lesion. To this list Dr. Bartsch adds the history of a case observed by himself. On the evening of November 6th, a lusty young fellow, aged twenty-three years, walked into town from a neighboring village in order to attend a dance. At 9.30 P.M., being intoxicated, he threw himself from a window twelve feet above the ground. He made a joke of the matter, was taken into the stable and covered with straw. In an hour he walked into the inn, went up stairs and to bed, complaining only of some pain in the belly. He slept well until five o'clock the following morning, when he rose and attempted to dress prior to walking home. He was attacked, however, upon rising, with a chill and severe abdominal pain. At 8.30 A.M. he was seen by Dr. Bartsch, who admitted him to the City Hospital. His pulse was small and rapid. Having passed no urine since the injury, a catheter was introduced and three-fourths litre (twenty-one fluidounces) of bloody fluid withdrawn. Subsequently, one-fourth litre (seven fluidounces) of similar fluid was obtained by the catheter; after that, no more could be drawn. The man failed steadily, complained of acute pain, vomited everything given him, and died, with symptoms of collapse, about sixty-three hours after the fall. He had no signs of general peritonitis. Temperature was rather subnormal. An examination of the pelvic cavity was made twenty-four hours after death. No contusions were found upon the walls of the abdomen or thorax. A quantity of blood-stained, undecomposed urine was discharged by the umbilicus, and one and a half litres (forty-two fluidounces) were found in the abdominal cavity. The bladder seemed torn into two halves, the slit extending through all its coats. It was empty and strongly contracted. No other abdominal organs were injured. It seems strange that so long a time as eight hours should elapse after the injury before serious symptoms declared themselves. In the meantime the patient had remained apparently well, had walked upstairs, had slept for hours, had arisen and attempted to prepare for a considerable walk. It is remarkable, too, that the peritoneum would tolerate the sudden discharge of a large quantity into its cavity. It is probable that the urine had at first been retained either by a coil of small intestine occluding the division in the wall of the bladder or by the contraction of the organ bringing its torn surfaces into apposition. Dr. Bartsch remarks that such a case might involve medico-legal considerations under certain circumstances.—*Wiener Med. Blätter*, April 18, 1889.

CONTRACTION OF THE FIELD OF VISION FROM DISEASE OF THE NASAL CAVITIES.

DR. ZEIM, of Danzig (Berl. klin. Wochenschr.), communicates a case which derived its origin from an affection of the mucous membrane of the antrum. He ascribed the result less to pressure upon fibres of the trigeminus and reflex influence than to disturbance of circulation by the swelling of the nasal mucous membrane as far as the inner side of the orbit. In another case restoration of normal nasal breathing by removal of the hypertrophied mucous membrane was followed by a notable extension of the field of vision. He had even remarked, in several cases of chronic glaucoma accompanied by considerable swelling of the nasal mucous membrane, that abstraction of blood from the latter led to an enlargement of the field, the effect lasting for a week. He therefore advises, when the field is contracted, and even in attacks of glaucoma, that the nasal cavities should be thoroughly inspected.—*Deutsch. Med. Zeitung*, May 9, 1889.

RETINITIS HÆMORRHAGICA FROM EXTENSIVE BURNS.

DR. A. WAGENMANN (v. Graefe's Archiv f. Ophth.) reports the case of a mill-hand, aged nineteen years, who was burned upon the left side of the face, left arm, on the back, and on both legs. For several days the stools contained blood. An abundance of phosphates were found in the urine, but no blood or albumen. About three weeks after the accident "nystagmus-like" movements were observed. An examination revealed the presence of a retinitis hæmorrhagica upon both sides in the neighborhood of the papillæ. Diabetes, leukæmia, nephritis, anæmia, and sepsis could be excluded.

Resorption occurred after a few weeks, and sight was fully restored.—*Deutsch. Med. Zeitung*, May 9, 1889.

LEAD ENCEPHALOPATHY.

DR. WESTPHAL, of Berlin, has published (Archiv f. Psych.) a survey of the present state of knowledge concerning the effect of lead upon the structure and functions of the brain. Long ago Grisolles had recognized three forms under which the effect of the metal upon the brain is manifested,—the delirious, the comatose, and the convulsive. To these Tanquerel des Planches added, in 1836, a fourth, composite form. It is by far the commonest, and in it the characters of the three other varieties appear to be united. A fifth form, the apoplectic, was described by Berger. Von Monakow has met with cases which present a picture of progressive paralysis mixed with that of bulbar paralysis and disseminated sclerosis. Seifert has pointed out that saturnine encephalopathy may produce paresis of the laryngeal muscles. Raymond has written of a chorea-like form, and Renant of a peculiar variety which runs a typhoid course. Other symptoms which have been referred to the same cause are functional disturbances with hemianæsthesia, loss of hearing and taste.

Pathological anatomy has discovered atrophy of certain regions of the brain, hæmorrhagic depots, apoplectic cysts, and, above all, alterations in the cerebral vessels, such as endo- and peri- arteritis, atheroma, and hyaline degeneration.

The author has carefully analyzed thirteen cases from the Neurological Clinic of the Charité. He has not followed the classification of Tanquerel, but has divided them into those which present general cerebral symptoms and those showing symptoms due to pressure. Of the former variety certain patients suffered from a depressed, troubled mood, with indefinable feelings of anxiety. One case displayed a peculiar mixture of dementia and melancholia, together with hypochondriacal notions. Other cases were afflicted with irritability and notable mental weakness. The patients were often sleepy by day, restless at night, and tormented by ugly dreams. Nearly all suffered from headache and attacks of vertigo. The pain was sometimes general and sometimes localized. At times acute pain was elicited by light percussion. Convulsions were very common, at times general, and again limited to certain groups of muscles. In five cases these assumed a genuine epileptic character. Delirium seldom occurred.

Among pressure symptoms the most frequent were paresis in districts supplied by certain cranial nerves. The olfactory nerve was affected in two cases. Disturbances of vision occurred in six cases; in some there was no assignable lesion, others were associated with optic neuritis or atrophy of the optic nerve. In one case disturbance of vision was the initial symptom. In one case there was paresis of the left external rectus muscle. The territory supplied by the facial was affected in several cases. Twice there was involvement of the auditory and glosso-pharyngeal.

Disturbances of the circulation and respiration also occurred, and in two cases paresis of the muscles supplied by the inferior laryngeal nerve. In two cases hemianæsthesia was observed, and in one hemiparesis.

In summing up the author enumerates four modes in which lead acts upon the central nervous system:—

1. By direct influence upon the brain, producing neuroses of various kinds, disturbances of intellection, and symptoms due to structural change.

2. By influence upon the blood-vessels, leading to hæmorrhage and softening.

3. By influence upon the kidneys, resulting in the cerebral symptoms of anæmia.

4. By a combination of the preceding methods.—*Deutsch. Med. Zeitung*, May 9, 1889.

MYXŒDEMA.

AN interesting case was reported by Hr. Ewald to the Berlin Medical Society at the session of April 3, 1889. A woman, fifty years of age, had suffered from languor, decline of intelligence and memory. A general swelling of both extremities and of the face was present. The tongue, also, was thickened. The swelling communicated to the finger a sense of hard, elastic resistance. The origin of the disorder was unknown. There was no heart failure or albuminuria. An alteration in her character had been noticed during the last year or two. The œdema had gradually developed during the last few months. The patient died soon after coming under observation, without, apparently, sufficient cause. Nor did post-mortem examination account for the development of the œdema, which was a mucoid infiltration. No alteration, either macroscopically or microscopically, was detected in the kidneys. The heart was normal. Contrary to expectation, the thyroid gland was slightly hyperplastic. The diagnosis was reached by exclusion. The especial interest lay in the presence and development of the thyroid gland. This organ is usually found atrophied in cases of myxœdema, and the suggestion offered itself that atrophy might have taken place in this case had the life of the patient been prolonged.—*Deutsch. Med. Zeitung*, April 18, 1889.

A CASE OF ALCOHOLIC NEURITIS WITH MYOSITIS.

THE following history and demonstration was given, April 8, 1889, by Hr. Siemerling before the Berlin Neurological Society: The patient was a woman, aged fifty-one years, long addicted to alcohol. In December, 1887, she was attacked by paresis of the lower extremity, and in March, 1888, was received into Charité. She was then suffering from alcoholic delirium and considerable œdema in various regions of the body. She was unable to walk or even stand alone; when led she could only totter and stagger along. The pupils and movements of the eyes were normal. There was paresis of the right arm and of both lower limbs. Pressure upon various nerves, especially the peroneal and the radial, and upon muscles, gave rise to pain. The peroneal muscles and the tibialis posticus of both sides exhibited the reaction of degeneration, and there was some decrease in the excitability of the thigh-muscles, the deltoid and others.

The patient died in September, 1888, of hæmorrhagic pleurisy. No especially abnormal appearances were found in the spinal cord, but the peripheral nerves were greatly altered. The axis-cylinders were degenerated, and the medullary substance nodose. Many fibres were completely degenerated. These changes extended to the intramuscular distributions. They were most pronounced in the peroneal, anterior crural, radial, and long saphenous nerves. In the muscles were found increase of interstitial tissue and atrophy of the sarcous elements. Some seemed but empty bags composed of the sarcolemma. The muscles particularly affected were the gastrocnemius and extensor brevis digitorum, but none were free from disease.—*Deutsch. Med. Zeitung*, April 22, 1889.

THERAPEUTIC STUDIES UPON HYSTERIONICA BAYLAHUEN.

DUJARDIN-BEAUMETZ has been investigating the effects of this plant, a specimen of which was sent him by Dr. Cervello, of Valparaiso, Chili. It is a perennial herb with oval leaves, bears a yellow flower, and belongs to the natural order Compositæ. It contains an ethereal oil having the specific odor of the plant, a greenish-black resin, also of the same odor, gum, and glucose. The resin is excreted by the kidneys, the oil by the lungs. The drug may be given in infusion, in tincture, or in extract. The tincture is made by macerating one hundred parts in five hundred parts of 90-per-cent. alcohol for ten days, and its dose is from fifteen to thirty-five drops. It allays inflammation of the bronchial mucous-membrane, lessens expectoration, and quiets cough, without causing sickness of the stomach. It is an excellent astringent in diarrhœa, while the aromatic resin acts as an antiseptic. It has proved very efficient in tubercular diarrhœa. It promotes the action of the kidneys, and diminishes the offensive odor of the urine in vesical catarrh. It also increases the acidity of the urine. It seems to be without effect upon the perspiratory glands. It assists the healing of wounds.—*Deutsch. Med. Zeitung*, April 15, 1889.

SYPHILITIC LEUCODERMA.

AT the session of April 8, 1889, Dr. Ehrmann brought before the College of Physicians, of Vienna, two girls suffering from this affection. Upon the neck were seen a number of patches devoid of pigment. Leucoderma occurs especially upon the neck, the genitals, and in places where, normally, pigmentation is well marked. The speaker considered that its appearance may prove of diagnostic value in cases of obscure or latent syphilis. Albinism is congenital and stationary and is usually symmetrical upon both sides of the body, or, if confined to one side, it follows the distribution of a cutaneous nerve. Vitiligo is asymmetrical, eminently progressive, and may cover the entire body. Leucoderma continues for two to two and a half years, when it gradually disappears. If it manifests itself, together with affections of the nervous system or organs of sense, as tabes and iritis, it is conclusive evidence of syphilis.—*Wien. Med. Blätter*, April 11, 1889.

REPRODUCTION OF THE MUCOUS MEMBRANE OF THE STOMACH.

AS a result of their experiments upon fifteen dogs, Prof. L. Griffini and Dr. G. Vasalle deduce the following conclusions:—

1. The mucous membrane of the fundus of the stomach, removed in dogs, for a considerable extent and in its entire thickness is always reproduced, including the peptic glands.

2. The newly formed glands are developed from the new epithelial layer which in the beginning covers the wound. This epithelial layer itself is developed from the epithelium of the glands on the borders of the wound, thus demonstrating the possibility of the development of an epithelial layer in its totality from true glandular epithelium.

3. The pepsin cells of the newly formed tubular glands are developed in the beginning through a differentiation of the cells of the tubular glands themselves, and this formation originates in the bottom of the tubules, whence the cells are pushed upward.

4. The reproduction process of the peptic glands finds its exact prototype in the process of embryonic development.

5. The reproduction was quite rapid in all the animals, which were strong and healthy and placed amid favorable surroundings. In one case the development was tardy, owing to a considerable loss of tissue (6 c.m. = 2.36 in.) and an unsuitable diet.

6. Perforation of the wall of the stomach never followed removal of the mucous membrane, even though the muscular tunic had been seriously injured.—*Deutsch. Med. Zeitung*, May 9, 1889.

TRANSITORY APHASIA AFTER CONFINEMENT.

DR. U. LUCKINGER (Münch. Med. Wochenschr.) describes the case of a woman, twenty-eight years of age, with whom everything pursued a normal course during the first two weeks after delivery. At the expiration of that time she was suddenly attacked by suppression of the lochial flow and the secretion of milk, together with supra-orbital neuralgia upon the left side. After thirty-six hours suspicious cerebral symptoms made their appearance—difficulty of thought and speech—and finally the patient fell into a deep coma. The temperature was high and there rapidly developed a complete aphasia with eclamptic attacks, which, however, after a few hours disappeared. Speech returned upon the following day, and the fever left with the return of the puerperal secretions. Entire recovery took place.

The author of the report supposes that an endometritis, to the existence of which point the suppression of the lochia and the milk, had given rise to an embolus. The cerebral lesion, however, must have been a circumscribed one, since no hemiplegia resulted, and the functions of the region involved were soon restored.—*Deutsch. Med. Zeitung*, May 9, 1889.

PHTHISIS IN EPILEPSY.

AT a meeting of the Biological Society of Paris, May 18, 1889, M. Féré spoke of the frequency of phthisis among epileptics. He had satisfied himself that the pulmonary capacity of these subjects is very small in proportion to their heights, and that defective respiration explains the development of disease of the lungs.

Brown-Séquard also observed the common occurrence of consumption in epileptic women. He believed that the use of bromide of potassium favors the development of tuberculosis.

M. Féré coincided with this opinion and added that he had often seen pulmonary lesions of all kinds in persons suffering from bromism.—*La Tribune Médicale*, May 23, 1889.

THERAPEUTIC NOTES.

Continuation of prescriptions recommended by Dr. John V. Shoemaker, at his clinic for Diseases of the Skin, at the Medico-Chirurgical Hospital of Philadelphia:—

INTERNAL.

Alopecia Circumscripta.

Take of Oxide of zinc, . . 2 grains.
Arsenite of sodium, . 1 grain.
Extract of ignatia, . 2 grains.
Lupulin, . . . 1 drachm.
Mix and divide into thirty pills.
Dose: One pill three to four times a day.

Alopecia Circumscripta.

Take of Sulphate of strychnine, . 1 grain.
Diluted phosphoric acid, ½ ounce.
Elixir of cinchona, . 7½ ounces.
Mix. Dose: One teaspoonful in water thrice daily.

Alopecia Circumscripta.

Take of Sulphate of quinine, . 40 grains.
Powdered capsicum, . 10 grains.
Arsenious acid, . . 1 grain.
Mix and divide into twenty pills.
Dose: One pill after meals.

Alopecia Circumscripta.

Take of Nitro-glycerin, a 1 per ct. solution in alcohol, . 1 drachm.
Dose: One drop in water three to four times a day.

Bites and Stings of Insects.

Take of Tincture of aconite-root, 2 drachms.
Dose: One to two drops in water every two to three hours.

Bites and Stings of Insects.

Take of Infusion of digitalis, . 2 ounces.
Spirit of nitrous ether, . 2 ounces.
Brandy, ... 2 ounces.
Mix. Dose: One to two teaspoonfuls in water every two to three hours.

Bites and Stings of Insects.

Take of Aromatic spirit of ammonium, ... 1 drachm.
Tincture of capsicum, . 1 drachm.
Mix. Dose: Ten to thirty drops in water every two hours.

Carbunculus—Carbuncle.

Take of Beta-naphthol, . . 15 grains.
Carbonate of iron, . . 15 grains.
Mix and divide into fifteen pills.
Dose: One pill three to four times a day.

Carbunculus—Carbuncle.

Take of Chlorate of potassium, . 5 drachms.
Sirup of hydriodic acid, 2 ounces.
Glycerin, . . . 6 ounces.
Mix. Dose: One tablespoonful in water three to four times a day.

Comedo—Sebaceous Plug or Grub.

Take of Borate of sodium, . . 2 drachms.
Sirup of orange-flowers, 3 ounces.
Mix. Dose: One to two teaspoonfuls in water three times a day.

Comedo—Sebaceous Plug or Grub.

Take of Powdered hoang-nan, . 3 grains.
Tartrate of antimony and potassium, . . . 2 grains.
Mix and divide into twelve pills.
Dose: One pill four times a day.

Chancroid.

Take of Bromide of sodium, . 10 drachms.
Tincture of aconite-root, 40 drops.
Tincture of hops, . . 5 ounces.
Mix. Dose: One to two teaspoonfuls in water every two or three hours until relieved.

Chancroid.

Take of Tartrate of antimony and potassium, . . . 2 grains.
Sulphate of quinine, . 40 grains.
Mix and divide into twenty pills.
Dose: One to two pills every three to four hours.

Dermatalgia—Neuralgia of the Skin.

Take of Extract of Indian hemp, 4 grains.
Salol, ... 48 grains.
Mix and divide into sixteen pills.
Dose: One pill three to four times a day.

Dermatalgia—Neuralgia of the Skin.

Take of Urethan, ... 1 drachm
Elixir of orange, . . 4 ounces.
Mix. Dose: From one to three teaspoonfuls every two or three hours.

Eczema, Acute.

Take of Wine of Antimony, . 4 drachms.
Glycerin, . . . 3 ounces.
Mix. Dose: One to two teaspoonfuls every three hours.

Eczema, Acute.

Take of Antipyrine, . . . 50 grains.
Make into ten capsules.
Dose: One capsule three to four times a day.

Eczema, Acute.

Take of Lupulin, ... 20 grains.
Extract of belladonna, . 3 grains.
Sulphate of quinine, . 20 grains.
Mix and divide into twenty pills.
Dose: From four to five pills daily.

Eczema, Acute.

Take of Lime-water, . . . 4 ounces.
Glycerin, . . . 4 ounces.
Sirup of senna, . . 4 ounces.
Mix. Dose: One tablespoonful three to four times a day.

Eczema, Acute.

Take of Tincture of strophanthus, 2 drachms.
Dose: Five to ten drops in water three to four times a day.

Eczema, Acute.

Take of Sublimed sulphur, . . 2 drachms.
Make into twelve capsules.
Dose: One capsule three to four times a day.

SALICYLATES IN PRURITUS SENILIS.

Besnier recommends washing of the body every evening with water to which two tablespoonfuls of the following solution have been added:—

Carbolic acid, . . . 3j.
Aromatic vinegar, . . f℥vj.

Then the following powder is dusted on:—

Salicylate of bismuth, . 3v.
Starch. . . . . ℥ij 3viss.

Or,

Finely powd. salicylic acid, gr. cl.
Starch, ... ℥ij 3viss.
—*Wiener med. Presse*, May 5, 1889.

ACUTE ECZEMA.

Where there is evident torpidity of the liver, the following combination is equal, if not superior, to any other:—

℞ Ext. cascar. sagrad. liq., . 3iiiss.
Tinct. nux vom., . . . 3j.
Glycerini, ... 3iij.
Infus. gentian. co., . ad ℥viij.

One ounce to be taken directly before dinner, or morning and evening if required to keep bowels regular.

Such medicines as arsenic and iodide of potassium given internally are of no avail. Of course, gouty eczema must be suitably treated.

I have been in the habit of prescribing an ointment which in most cases pretty nigh approaches the character of a specific:—

℞ Bismuth. subnitr., . . 3iv.
Zinci oxid., ... 3j.
Acid carbolic liq., . . 3ss.
Vaselin alb., ... ℥ij.

Sometimes I vary the prescription into this form:—

℞ Bismuth. subnitr., ... 3ij.
Zinci oxid., ... 3ss.
Glycerini (Price's), . . 3iss.
Acid carbolic liq., . . ♏xx.
Vaselin alb., . . . 3vj.

The latter ointment mixes into a beautiful enamel-like cream which is cooling, and acts as a balm to the irritable skin.

When constant tingling and irritation disturb the patient's rest, I have found the following lotion invaluable:—

℞ Bismuth subnitr., . . . 3j.
Acid carbolic liq., . . ♏xij.
Glycerini (Price's), . . 3iv.
Aq. rosæ, . . . ad ℥j.

Shake up and apply with a camel's hair brush.

During the day when business has to be attended to, and the ointment cannot be applied, I prescribe this powder to be dusted on and gently rubbed over the parts affected:—

℞ Cimolite,
Bismuth. subnitr.,
Zinci oxid., āā equal parts. Mix.

In more chronic cases the famous unguentum metallarum still holds its ground. It consists of,

℞ Ung. zinci,
" plumbi acet.,
" hydrarg. nit., āā equal parts. Mix.

This excellent ointment I occasionally vary by substituting white precipitate for the nitrate of mercury ointment.—DR. MACKINTOSH, M.D., C.M., in the *Provincial Medical Journal.*

TREATMENT OF HEAT FEVER.

In true sunstroke we have succeeded best at the Medico-Chirurgical Hospital by giving antipyrin internally or by hypodermic, in doses up to thirty grains, and applying ice energetically, externally and in the rectum, until the temperature descended to the level of safety.

The great majority of cases, however, are really of exhaustion, due to heat and free drinking, with consequent perspiration and loss of salts. Small doses of brandy, ammonia, wine of coca, selecting a really efficient variety, and hot coffee are efficacious at first; followed by a hot bath, hot beef-tea, quinine, or Huxham's tincture.

The use of ice-water gives rise to unquenchable thirst. Free imbibition of fluids causes loss of appetite. An excellent beverage for summer is thin oatmeal-gruel, with salt, but no sugar, taken as hot as can be swallowed.—*Waugh.*

CREOLIN.

The Deutsche Medizinal-Zeitung for December 13, 1888, says the New York Medical Journal, contains formulæ for the use of creolin in the treatment of diseases of the throat, nose, and ears:—

1. *Otorrhœa* (Eitelberg).

Ten drops of creolin in a pint of lukewarm water, for an injection into the ears.

2. *Eczema of the External Ear and of the Openings of the Nostrils* (Eitelberg).

Creolin, . . . 1 part.
Vaseline, . . . to 50 parts.
For an ointment.

3. *Diphtheritic Angina* (Schnitzler).

(*a*) A solution of creolin 1 part, to from 100 to 500 parts of water, for a gargle.

(*b*) A solution of from 1 to 2 parts of creolin in 100 parts of water, for swabbing.

4. *Diseases of the Larynx, especially Tuberculosis* (Schnitzler).

(*a*) A solution of 1 part of creolin in 1000 parts of water, for inhalation.

(*b*) A solution of from 1 to 5 parts of creolin in 100 parts of water, for swabbing.

(*c*) A mixture of from 1 to 5 parts of creolin and 100 parts of sugar of milk, for insufflation.

Ozæna (Lichtwitz).

Creolin, . . . 3 to 5 drops.
Distilled water, . 1 pint.
For douching the nose.

TREATMENT OF CHRONIC ECZEMA OF THE VULVA IN YOUNG GIRLS.

1. A solution of phenic acid (2 per 100) is to be applied over the surface three times daily.

2. The parts affected are to be touched lightly with ordinary acetic acid once a week.

3. If ulcerations should exist from scratching, the following powder should be applied:—

℞ Iodoform, ... 5 gram.
Alum, ... 10 "

—*Gazette de Gynécologie; The Times and Register.*

SMALL-POX.

Baudon has treated a number of cases of confluent small-pox by the following method with uniformly good results:—

1 The entire body is covered three times daily with the following pomade:—

℞ Salicylic acid, . . . 10 gram.
Vaseline. . . . . 225 "

2. Powder subsequently with

℞ Acid salicylic, . . . 10 gram.
Magnesia, ... 250 "

3. Twenty-five centigrammes of sulphate of quinine three times daily.

4. A solution of boric acid for gargarisms.

5. Milk at discretion.—*Bulletin de Thérapeutique; ibid.*

MENTHOL IN PRURITUS.

℞ Menthol, . . gr. xxii–xxxvij.
Spir. vin. rectificati, ʒiss.—M.

℞ Menthol, . . . gr. xxxvij.
Olei olivæ, . . ʒii–iij.
Lanolin, . . . ʒiss.—M.

For Scabies.

℞ Menthol, . . . gr. xlviij.
Balsam peruv., . gr. xcvj.
Unguent. zinci benzol,
Lanolin pur., āā ad ʒij.—M.

—Dr. Saalfeld, in *Deutsche Med. Wochenschrift.*

CHRONIC RHEUMATISM.

Dr. Daniel R. Brower, in the North American Practitioner, May, 1889, recommends the following formulæ to assist in removing uric acid, and to sustain the action of the heart and of the liver:—

℞ Lithiæ citrat., . . . ʒij.
Strychniæ, ... gr. j.
Tinct. strophanthi, . . fʒiss.
Aquæ menth. pip., q. s. ad fʒiv.

M. Sig.: Teaspoonful before each meal in water.

℞ Aloes, ... gr. ij.
Pulv. ipecac., . . . gr. j.
Pulv. rhei,
Ferri sulph. exsiccat.,
Ext. hyoscyami, . . āā gr. x.

M. Div. in capsules no. x.
Sig.: One at bed-time.

INJECTIONS FOR OBSTINATE LEUCORRHŒA.

℞ Infusion of Chamomile, . 500 gram.
Alum, ... 10 "
Iodide of potassium, . . 4 "
Tinct. of iodine, ... 2 "

Sig.: Three injections daily.—Monin, *Gazette de Gynécologie; The Times and Register.*

TO PREVENT ABORTION.

℞ Fl. ex. ergot,
Fl. ex. black haw, . āā ʒj.
Fl. ex. belladonna,
Fl. ex. ipecac, . . āā ʒj.

Sig.: Small teaspoonful three times a day, just after meals.—Q. C. Smith, M.D., Austin, Tex., in *Nashville Journal of Medicine and Surgery.*

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Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
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THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

THE recent meeting at Newport was slimly attended. This is to be ascribed to the fact that it was held in a small city in the extreme East, a place withdrawn from the chief lines of travel, though the beauty of Newport, its bracing climate and interesting history might well have attracted a larger concourse. The narrow-minded illiberality of the Old Colony Railroad cannot be too severely reprehended, and doubtless had some effect in diminishing the number of members present. A reasonable fear of lack of hotel accommodation probably deterred many from the journey. Good papers, however, were read, and excellent addresses delivered. The president, Dr. W. W. Dawson, of Cincinnati, gave utterance to some judicious remarks upon the much-vexed question of medical education in this country. Without agreeing with all his opinions, we commend his manly defense of American methods. The land which has given laparotomy and anæsthesia to the world and has produced a succession of great physicians and surgeons need not be continually in an apologetic mood. Our gravest defect consists in not demanding more rigorously from our matriculates a sound understanding of the principles of physics and chemistry. The address on Surgery was by Dr. P. S. Conner, also of Cincinnati. He pointed out the debt which modern surgery owes to applied science, but protested against a blind enthusiasm, that idolatrous worship of antisepticism which would cast the reproach of ignorance or criminality at every failure to obtain a certain, perhaps ideal standard. He spoke of intra-thoracic, cerebral, and spinal surgery, and anticipated a new departure in the treatment of fractured vertebræ. The subject which he dwelt upon particularly was the important one of cancer. He made the admirable suggestion that the Association should, through a committee, institute a course of collective investigation. Facts should be collected concerning the distribution of cancer, whether it is related to climate or geological formation, its duration, etc. Dr. Frederick C. Shattuck, of Boston, Chairman of the Section on Practice of Medicine, Materia Medica and Physiology, mentioned the studies of Senn and Fitz in diseases of the pancreas, and Lancreaux's recent paper on the association between atrophy of the pancreas and diabetes mellitus. The orator called attention, also, to the interesting paper of Mac Munn, of Wolverhampton, on Addison's disease, and his ingenious theory of the function of the suprarenal bodies. He advocated the cold-bath treatment of typhoid fever. In conclusion, the speaker adverted to the growing cultivation in the United States of the scientific studies so closely connected with the progress of rational medicine.

Dr. E. M. Moore, of New York, was elected President, and it was determined that the next meeting should be held at Nashville, Tenn., on the third Tuesday in May, 1890.

THE AMERICAN MEDICAL EDITORS' ASSOCIATION.

THE address before this Association at Newport was by the president, Dr. William C. Wile, of Danbury, Conn., the well-known editor of the New England Medical Monthly. He suggested that medical students should receive instruction, prior to graduation, in the elements of sanitary science. The best attention of the profession is now directed to the prevention of epidemic disorders, and public hygiene needs to be included in our curriculum. The speaker also discoursed concerning the proper manner of conducting a professional journal. As an experienced editor his remarks deserve consideration, although we think that he undervalued the importance of the medical journal as a repertory of matters current in the medical world. Our aim should be, we conceive, to present to our subscribers in each issue a condensed report of whatever seems valuable in

our art. Without entering into extreme scientific detail, we should furnish our readers with a conspectus of the periodical additions to our knowledge. In this way the volumes of a journal become a reference library. The subject of medical education also received attention, and, as connected therewith, our laws, or absence of laws, concerning registration for practice. State Examining Boards, the members of which are nominated to the governors by the State Medical Societies, are the means upon which the doctor would depend for the protection both of ourselves and the public. Foreign as well as native physicians should be compelled to pass before these Boards.

The address, as a whole, abounded with well-expressed thoughts, and is a valuable contribution to the proceedings of the Society.

THE INFLUENCE OF MEDICAL JOURNALISM UPON THERAPEUTICS.

OUR caption indicates an admirable topic for an essayist. So wide and so prompt is the dissemination of information by the publication of original articles, the reports of Society proceedings, and abstracts from domestic and foreign exchanges, that worthy plans of treatment are, soon after their first proposal, adopted all over the civilized world. It is but a short time since a Russian physician of Odessa accidentally discovered, as he believed, that suspension afforded efficient relief in locomotor ataxia. The suggestion was taken up by Charcot, and the favorable opinion of the great Frenchman ensued within a few weeks, and an extended trial of the novel procedure. If found effective, neurologists, as well as orthopædists, will receive the suspension method as one of their resources, and we need not fear its falling into disuse unless a more beneficial mode of treatment shall be discovered. How different has been the history of many of the older remedies! A rude kind of massage has probably been practiced from time immemorial. A century ago, Mr. Grosvenor, professor of surgery at Oxford, drew patients from far and near by the wonderful results he obtained in selected cases of joint, muscular, and nervous affections, from a system of rubbing. Early in the present century, Dr. Balfour, of Edinburgh, repeated the experience of Mr. Grosvenor, while in Sweden Ling instituted the Swedish movement cure, which bears a relation to massage. Yet, withal, masso-therapeutics has but lately come into use in Great Britain and the United States. Baths were highly esteemed by Hippocrates, and, doubtless, to a certain extent, have always been employed by the profession. Sir John Floyer, of Lichfield, published a work on the subject in 1702, and Dr. Currie, of Liverpool, brought out in 1797 his book upon water as a remedy in febrile diseases. These were translated into German and indirectly influenced Priessnitz's empiricism. Finally, of late years, placed upon a scientific basis, hydro-therapeutics is at last accorded, after periods of use and disuse, a secure place in the list of our resources.

Ipecacuanha, introduced toward the close of the seventeenth century as a remedy for dysentery, was suffered to fall for a long while into total neglect, to be again restored to favor. The fluctuations of opinion in regard to the use of mercury are well known, and the same variations have attended the employment of antimony since Basil Valentine wrote his *currus triumphalis antimonii*. Instances of this kind might be multiplied. The study of mutations in medical practice is full of interest. It seems, however, impossible that any really valuable remedy should, in the future, fall into such complete disuse as has attended some of those we have mentioned.

AN UNPLEASANT AFFAIR.

THE editor very much regrets that his attendance upon the meetings of the sections at the American Medical Association prevented his being present at the excursion to the editors, given by Dr. William Wile and his staff of the New England Medical Monthly. The genial host did all in his power to make his guests have a good time, and we heard with much sorrow that one of the persons invited had the very bad taste to get off in a toast some personal remarks against one of the medical journals and editors who sat at the same table. This same individual, or some one whom he represented, even went so far as to send around

to the medical journals a galley-slip containing his insulting remarks aimed at a worthy editor and his periodical. We know that no one will regret this unexpected action upon the part of an invited guest more than Dr. William Wile, and had the editor of THE MEDICAL BULLETIN been present he would have personally called the unfortunate individual to an account while making his remarks. We are very glad that the person referred to is no medical editor, and we sincerely hope at no time in the future will we ever learn of any one being at any of the meetings or social gatherings of the medical editors who will so far forget himself as to try to injure by words, and afterward by sending out fixed-up galley-slips, a member in good standing of our Association. An invited guest should always have proper regard for the feelings and views of those present. We are pleased to see that Dr. William F. Waugh, the editor of the Times and Register, takes the person to account who endeavored to get off his unpleasant remarks, in the following manner:—

By far the most enjoyable was the excursion of the Medical Editors' Association, which was in all respects a success, and will long be remembered by the participants. But one unpleasant incident marred the harmony of the occasion. By some mischance, the last toast was assigned to a person who represented a pharmaceutical journal's advertising interests; and this man had so little conception of the amenities of civilized life that he embraced this opportunity, at a social gathering, to make a bitter attack upon an enterprise recently launched by one of the guests present, for which he freely predicted bankruptcy. The address was heard with surprise, which would have assumed the form of active indignation, were it not that the insinuations were couched in such obscure terms that few understood what the speaker was driving at. It is to be hoped that in future pharmacy will be somewhat more worthily represented. As the Druggists' Circular is in no way affected by the success or failure of the scheme referred to, it is evident that its advertising agent was simply put forward by some parties whose interests are more directly influenced; and who chose as their representative a man who was the only one connected with a pharmaceutical journal who could be induced to do their dirty work. That this was done with the deliberate intention of doing an injury to the project in question is shown by the fact that several slips containing the remarks in question were printed and mailed to the medical journals on the Saturday following. It is evident that somebody is pretty badly scared at the favor with which the consolidation journal has been received.

INTERNATIONAL CONGRESS FOR PROMOTING PHYSICAL EXERCISES.

THE summer season, so little favorable to strenuous mental application, is that generally chosen for the meeting of scientific bodies, whose members can ill afford absence from the scenes of their labors during the temperate and colder parts of the year. Our late exchanges bring us the reports of the first Congress of German Dermatologists, held in Prague from the 10th to the 12th of June. From these we purpose in a succeeding issue to cull such excerpts as may be interesting alike to specialist and general practitioner, whose work so often brings him in contact with diseases of the skin. Another meeting, held in Paris during June, was devoted to the consideration of sports, games, and physical exercises, and their influence upon health. The severity of the discussions was relieved by competitive exhibitions by schools and gymnastic societies gathered together from all parts of France. M. Jules Simon presided at the opening meeting. He sensibly dwelt upon the fact that in order to derive benefit from physical culture the attention of those interested in the subject should be directed toward obtaining good results in the case of average youths, rather than to concentrating it upon the prize-winners who, necessarily, are exceptionally endowed. He pointed to the fact that cheerfulness and gayety pervade those schools in which physical exercises are encouraged, and traced a connection between athletics, gayety, and courage. Dr. Ferdinand Lagrange, of Vichy, discountenanced any method which should train a few stout lads into athletes, to the neglect of their less robust fellows. He also denounced placing physical exercise in the light of a tiresome task. He advocated the encouragement of out-of-door games, in which all the pupils should partake, and from which all might derive pleasure. Out of the whole number engaged in active sports few, indeed,

can come off victors, but all can take a part and secure bodily and mental benefit. This should be the true object, to divert the mind and to train the body in skill and endurance; not to secure a few champions, but to promote the health of the multitude. Hitherto, sports have been much more encouraged by Teutonic than by Latin peoples, and the former have reaped the reward of superior physique. But the reverse side of the picture is that, especially among English-speaking people the betting propensity has attached itself to athletic sports. This vulgarizes the subject. Another point which demands care is, that weakly lads should not be spurred to attempt tasks utterly beyond their strength. Wherever possible, a physician should superintend the games and exercises at schools and colleges. Neither is it at all desirable to cultivate athletic sports at the expense of academic studies. The college graduate as a professional base-ball player is not an edifying subject of contemplation.

CORRESPONDENCE.

INFANT FEEDING.

To the Editor of the Medical Bulletin:—

SIR: In looking over the proceedings of the last meeting of the American Medical Association and the reports of chairmen of the various committees on infant feeding, and correspondence of gentlemen of undoubted merit both in this country and in Europe, I noted some points which I wish to examine a little, especially as some extracts have been made in the interest of manufacturers of artificial food for infants.

I do not wish to do this as a critic, but as one who has had some experience and is fully possessed with a desire to aid in devising some means of saving the thousands of starving and dying infants all around us in every city, village, and hamlet throughout the length and breadth of our land. In almost every home where there is a child there the law is sure to be broken before the child is ten months old.

Dr. Woodbury reports, as chairman of subcommittee on infant feeding, that the committee had corresponded with some of the leading authorities of this country and Europe, and gives to the Society the following facts elicited by this correspondence:—

"In the care of a child under ten months of age deprived of breast-milk, the artificial substitute should be made to correspond with human milk as closely as possible, both in its chemical constituents and in its physical character.

"Fresh, unadulterated cows' milk, when properly prepared, is an acceptable substitute for breast-milk, but since the caseine of cows' milk coagulates in a heavy, dense mass, while breast-milk curd is light and flocculent, some expedient must be resorted to in order to make the former resemble the latter so that the digestive powers of the infant shall not be unduly taxed.

"The caseine of cows' milk, according to Dr. Eustace Smith, as a rule, traverses the infant's alimentary canal, and may be found unchanged in the fæcal discharges. It is therefore a constant source of irritation, and often gives rise to diarrhœa and enterocolitis." . . . .

Now let us pause in our quotations and look these two items over.

"In the case of an infant or child under ten months of age, the artificial substitute selected should be made to correspond with human milk as closely as possible, both in its chemical and in its physical character."

Now, what are the chemical and physical characters of human milk?

There are no two authors who agree in their analysis of this milk, partly from the fact that no two ladies furnish milk exactly alike, and partly, no doubt, to the care bestowed upon the work of analysis.

From what I have been able to do myself, and the best information I can obtain, human milk to each 1000 parts contains: butter, 20.76; caseine, 14.34; sugar, 75.02; water, 889.88; while cows' milk has: butter, 38.59; caseine, 40.75; sugar, 53.97; water, 866.69. Practically, cows' milk contains nearly three times as much cheese as human milk.

The proportions of the carbonaceous to the nitrogenous in human milk is as 100 to 170, while these proportions in the cow's milk is as 100 to 105.

Now, until these proportions can be made to correspond, cows' milk will never be suitable food for the child. It will only agree with the child, and take the place of human milk as its proportions imitate the character of said milk. I am not aware that the constituents of the caseine of human milk differs from that of cows'; it is the excess wherein the trouble lies. If there were but 14.34 to the 1000, as in mothers' milk, there would be no difficulty whatever in its use; but when you add nearly three times as much as nature designed the child to take, then you overtax the power of the child to chymify, and the caseine passes the pylorus in curds and on through the intestinal tract, irritating as it goes. "Diarrhœa and enterocolitis is the result."

What is the best means of correcting this disproportion of the nitrogenous to the carbonaceous material contained in cows' milk so as to

render it suitable food for an infant? This report says Professor Frankland recommends the partial predigesting of the caseine by the addition of calves' rennet, etc. This is all good if it can be accomplished, but has he by this predigestion changed the proportions of nitrogenous material to the carbonaceous? I think not; the child is overtaxed by this excess of nitrogenous food. If the urine is examined microscopically an excess of urea will be found. This report goes on to say, "as a rule, the adding of raw starch is inadmissible. It is advocated by some in order to mechanically break up the curd, rendering it more flocculent." Farther on this report says, "desiccated, partly peptonized milk in the form of a milk-food containing *partly converted starch* (soluble starch and dextrine) and a small proportion of lactose (sugar of milk) is a convenient and (when well made) a very efficient substitute for mothers' milk." Consistency is a jewel; in one paragraph it is contended that starch is an unphysiological food, which no doubt is correct.

In another paragraph it is contended that if partially changed into dextrine it is a good food for an infant. What kind of food is that which remains unchanged? Can the young child take care of it? I think not; and this food does not imitate nature.

In mothers' milk it is not starch, it is butter; and no sane man will say that butter and starch are identical in their composition. In the starch we have only carbon, oxygen, and hydrogen, with a little albumen to form the cell-wall of the granule.

Butter is said to contain olein, butyrin, caproin, caprylin, caprin, myristicin, palmitin, stearin, butin, and lecithin.

I am not able to state the precise use of these ingredients, but it shows plainly that its place cannot be filled by any one of the hydrocarbons; it is not as nature does it. One of these substances above referred to as forming one of the constituents of butter deserves a more extended consideration. It has long been known that the nervous system has a constituent, a phosphorized oil; I think Gobly first found it in the yelk of the egg and named it lecithin. It has been found in human blood, and especially in the blood of the umbilical artery.

This phosphorized oil, the special constituent of the nervous system, is furnished by the blood for its functional use and for its growth. The food for the infant must contain this in due proportion or serious consequences would follow.

The nervous system would cease to grow, and thus lose its relation to the rest of the body, and its activity would decline, and with it the energy of all the functions of the body, such as circulation, animal heat, digestion, absorption, and secretion.

Can we expect to supply this by adding starch to the baby's food?

This report goes on to say, "where the child is a premature birth, or is feeble from other causes, as great care should be observed in preparing its food as in prescribing its medicines."

"Experience has demonstrated that success in infant feeding is dependent upon the ability to individualize the patient, and to select the proper food for each case.

"For very delicate infants the mother's milk is often found inadequate not only to properly nourish the child, but positively injurious. This is generally where some dyscrasia exists, such as the tuberculous or the syphilitic."

Let us look at this a moment. If the child is well nourished, as a rule, there is but little or no use for medicines. This being so, the preparation of proper food is vastly of more importance than that of its medicine. Sir Henry Thompson says: "Most of the diseases which embitter the middle and latter part of life is due to avoidable errors in diet. These errors begin many times when the child is but a few hours old, and is more frequent than otherwise continued throughout the earlier years of life, thereby laying the foundation on which to build the future person. Again, this report says: "The mother's milk is not only inadequate to properly nourish the child, but is positively injurious." In order to fully nourish a child, the mother or nurse must furnish from twelve hundred to fourteen hundred pounds of good milk during the first year of its life, and this must contain from one hundred and twenty-five to one hundred and forty pounds of solid matter,—more than many women weigh. Is it then surprising that so many mothers fail to supply enough nourishment for their infants?

It requires great physical energy and powerful digestion to perform this work. How few mothers, and especially our young mothers, are thus endowed!

This is one of the most important subjects that can occupy the attention of the physician.

A work that is worth doing at all is worth doing well; and now let us see how we can accomplish this and use nothing but cows' milk, obtaining the same chemical constituents and the same physical character as that of mothers' milk.

This is my plan, and I quote from a paper read by myself at the Minnesota State Medical Society, in 1888, at St. Paul, and published in the Society's Transactions for that year, page 131:—

"If we leave at rest ordinary cows' milk six or eight hours and then remove the cream with about one-eighth of the upper portion of the milk, we shall find in it 50 per cent. more butter than the milk as a whole contained. Examine this mixture of cream and milk, and in round numbers its butter is no longer to its caseine as 100 to 105,

but as 100 to 170. If then by dilution we reduce the butter to 20.76 we then have 14.34 of caseine, as in human milk. Not only may ordinary human milk be thus closely imitated, but the colostrum also . . . . and this without the addition of any hydrocarbons to change the proportions of the nitrogenous to the carbonaceous constituents of the milk."

This food may well be styled artificial human milk. In its chemical composition it most closely resembles milk of a healthy woman, and it offers to a child all it needs for growth, nervous development, warmth, and activity. The question is often asked, What is to be done in cities? Shall the thousands there perish for the want of proper food? How can they be fed?

This, truly, is a grave question, What is to be done in cities? Why may not the country supply food for the infants of cities as well as for the adults?

It would demand care and skill, and may not this care and skill be found among some of the better class of manufacturers of food for infants? The trouble with them to-day is, they seek to make this change, at least in part, by the addition of starch, a thing nature does not do, or by predigesting it and leaving about two-thirds more of the nitrogenous element in their preparation than nature designed the child to take.

In doing this they do not imitate nature. She does it with butter, which, as I stated in the beginning of this article, contained ten ingredients, the most important of which was lecithin. There is contained in this the material not only for fuel-food, but food used largely in building up the nervous system. Now, when the butter is deficient in the child's food, is it in accordance with physiological law to supply carbonaceous material, like starch, that does not contain the same ingredients? Avoid using starch in any form; it is a food far beyond the child's ability to digest.

Up to the coming of the double teeth an infant is strictly a carnivorous animal, and unable to digest and assimilate vegetable food of any kind.

It is so easy to set the milk at rest, and nature comes to your rescue, precipitates the caseine at the bottom of the dish, and brings the cream with all its needed constituents to the top where it is available. Our manufacturers, with less care and skill than is now required, might govern themselves by this rule and give us a more acceptable food.

Of course it will require great care and some skill to do this, but many an anxious mother would bless him who does it, and he would put sunshine and joy into the house where mourning and sadness prevailed. On this plan children of cities can be as well fed as those in the country.

It might add to the expense, but the food would find ready sale not only in cities but in small towns, and even in the country.

For the last thirty years I have practiced this way of preparing food for infants, and nearly all of this time I have been in cities where I have been compelled to depend upon milkmen's milk as sold on the streets, and, as a rule, have been successful in rearing healthy children.

D. M. COOL, M.D.

FARIBAULT, MINN.

MEDICAL NEWS AND MISCELLANY.

DR. HENRY BOENNING has removed to 538 North Sixth Street, Philadelphia.

PROF. FRANK WOODBURY, of Philadelphia, is summering at Glen Summit, Pa.

PROF. WILLIAM F. WAUGH, of Philadelphia, will shortly make a tour of the Western cities.

DR. JOHN CUTTER, of New York, during July paid a flying professional visit to Philadelphia.

PROF. P. D. KEYSER is off to Connecticut, just beyond New London, on a visit to his daughter.

DR. SAMUEL WOLFF, of Skipwith, Pa., was in Philadelphia some days ago visiting our hospitals.

PROF. WILLIAM PEPPER is at Newport, Rhode Island, seeking rest during the heated summer days.

DR. E. L. B. GODFREY, of Camden, is off with the New Jersey troops at their annual encampment.

DR. D. B. SAXTON, of Philadelphia, has located in London, at Snow Hill Buildings, Holborn Viaduct.

DR. THOMAS HAY, of Philadelphia, is spending his summer at the Stockton Hotel, Cape May, N. J.

DR. J. MOORE CAMPBELL has removed to the northwest corner of Tenth and Wharton Streets, Philadelphia.

DR. A. R. BLAIR, of York, Pa., a useful citizen and an able physician, died on July 16th, at the age of sixty-three.

DR. ALVIN AVIA-AUSTIN, assistant-surgeon United States Navy, died in New London, Conn., on Sunday, July 21st.

DR. LEMANUEL J. DEAL and Dr. G. W. McCaskey, of Philadelphia, are off on a fishing tour at Somer's Point, N. J.

PROF. WILLIAM WATHEN, of Louisville, on his return from Newport stopped in Philadelphia as the guest of Dr. Joseph Price.

DR. E. B. SANGREE, of the Medico-Chirurgical Hospital, of Philadelphia, has been elected one of the city vaccine physicians.

THE AMERICAN PUBLIC HEALTH ASSOCIATION holds its seventeenth annual meeting at Brooklyn, N. Y., October 22, 23, 24, 25, 1889.

DR. ROBERT HAYS, formerly of Pennsylvania, who located at Junction City, Kan., is one of the most active practitioners in that place.

DR. ISAAC BARTON, of Philadelphia, after some weeks of rest has returned to his active work on Sixteenth Street above Arch Street.

PROF. SAMUEL B. HOWELL remains during the summer at Atlantic City, N. J., enjoying the pleasures of fishing upon his handsome yacht.

PROF. WILLIAM H. PANCOAST, who is with his family at Elberon, N. J., runs back to Philadelphia once or twice a week to meet appointments.

SURGEON-GENERAL LOUIS READ, of Norristown, Pa., is at Mount Gretna on his official term of inspection of the State National Guard, now in camp.

PROF. H. EARNEST GOODMAN, who sailed on the North German Lloyd Steamer, Aller, landed safely at Bremen, and is now speeding on to Carlsbad.

PROF. WILLIAM B. ATKINSON, the zealous secretary, can be seen daily in the midst of the heat of midsummer driving around the city to see his patients.

DR. THEODORE P. MAYO, well-known as a surgeon in the Army of Northern Virginia during the war, died at Richmond, Va., some weeks ago, aged fifty-nine.

PROF. JAMES E. GARRETSON, of Philadelphia, is at his office every Thursday morning, and the balance of the week is engaged in literary labors at his country seat.

DR. JOSEPH THOMAS, of Quakertown, Bucks County, has been appointed a member of the Board of Trustees of the State Hospital for the Insane at this place.

DR. LUTHER WEDEKIND, U. S. N., formerly of Lebanon, Pa., will shortly sail on a three years' cruise on the United States steamer Pensacola, for Hayti and China.

PETER D. KEYSER, A.M., M.D., Professor of Ophthalmology in the Medico-Chirurgical College, has lately been appointed a member of the City Board of Health.

THE repairs upon the Medico-Chirurgical Hospital, of Philadelphia, are being rapidly pushed forward during the summer months, when the hospital is not so much crowded.

DR. MORRIS H. HENRY, of New York, will during the summer visit the Pacific Slope, and examine the efficiency of the many mineral springs in that section of the country.

THE secretary of the Medico-Chirurgical College of Philadelphia, Prof. E. E. Montgomery, remains at his post of duty arranging for the opening of the fall and winter session.

PROF. THOMAS C. STELLWAGEN, M.A., M.D., remains during the summer at his delightful residence in Media, and, as usual, comes into the city every day or two to fulfill appointments.

DR. L. HARRISON METTLER, who is in Europe, in attendance upon the various neurological clinics, has written an admirable letter to the Times and Register on Neurology in England.

DR. EPHRAIM CUTTER, of New York, sails this month for England. The doctor will attend the meeting of the British Medical Association as a delegate from the American Medical Association.

THE Board of United States Pension Examiners of Camden County have elected H. H. Davis, M.D., president; P. W. Beale, M.D., treasurer; and E. P. Townsend, M.D., secretary.

PROFESSOR J. WILLIAM WHITE, of Philadelphia, who is now in Europe, proposes attending the meeting of the British Medical Association, and several of the Medical Congresses to be held in Paris.

PROFESSOR VON BERGMANN has been appointed Surgeon-General of the first-class *à la suite* of the Prussian Sanitary Corps, his diploma dating from June 8, 1882, and his rank being that of a Major-General.

PROF. D. HAYES AGNEW, the venerable and distinguished surgeon, remains in the city, in the mornings seeing many patients, and in the afternoon and evening he spends his time at his country place in the suburbs of the city.

PROF. HENRY I. DORR is in Portland, Oregon, and proposes visiting the surrounding country for the purpose of financial investments. The doctor is the financier of the Philadelphia Dental College and the Medico-Chirurgical Hospital of Philadelphia.

STOUT LADY—Sir, I beg that you will desist from following me, or I shall call a constable.

Perspiring Stranger—Pray don't say so. It's the only bit of shade in the whole park. I'd do as much for you, but my shadow isn't worth mentioning.—*Pick-Me-Up.*

MEDICAL EXAMINERS.—Six medical examiners of the Pension Bureau at Washington were dismissed by Secretary Noble upon the recommendation of Dr. Charles McMillan, medical referee of the bureau, charged with irregularities in the method of re-rating pensions.

DR. BOARDMAN REED, of Atlantic City, N. J., is one of the hardest worked professional men, especially during the season. The doctor is affa-

ble, scholarly, and practical as a physician, and is in great demand from the many old visitors who annually go to this popular resort.

DR. DANIEL G. BRINTON AND MRS. BRINTON are at St. Maurice-les-Bains, a health resort in the Engadine, whither they journeyed from Vienna through the Austrian Tyrol. St. Maurice is about 6000 feet above the level of the sea and the highest inhabited valley of its size in Europe.

EYE, EAR, AND THROAT INFIRMARY.—During June 192 eye, 83 ear, and 26 throat patients were treated at the Pennsylvania Eye, Ear, and Throat Infirmary, northeast corner Thirteenth and Chestnut Streets. The eye patients made 1389, the ear patients 395, and the throat patients 252 visits.

CAMPHOR FOR MOSQUITOES.—A writer in the St. Louis Globe-Democrat says that you can drive every mosquito and fly out of a room, and keep them out, by occasionally burning a small lump of gum-camphor in the room. The best way is to put the camphor on a piece of iron heated very hot.

LIEUTENANT SCHWATKA has discovered in Southern California cliff and cave dwellers as wild as any of the Mexican tribes which Cortez encountered. He estimates their number at from 3000 to 12,000. They are sun worshippers. Their skin is a blackish red, more like a negro's than an Indian's.

FOR THE INDIGENT SICK.—A Charity Committee has been formed in Holland which sends representatives to the various trains that go to watering places or summer resorts. These representatives beg a florin from each person about to start on a holiday, for the indigent sick who cannot leave town. The amounts realized have been astonishingly large.

DEATH OF BABIES IN PHILADELPHIA AND NEW YORK.—More than six hundred babies died in New York last week (July 14th to 20th) and fully three hundred in Philadelphia, most of them from ailments superinduced by the intense heat. The figures make their own pathetic appeal to every man who possesses a surplus, to give of it to the fund for sending the helpless little ones to the country.—*Press.*

A VALUABLE INSTITUTION.—Out of one hundred and six persons treated within a period of eleven months at the Pasteur Institute, Rio de Janeiro, only one died, and that one had neglected to follow the treatment as directed. In sixty-two of these cases the dog by which the patient was bitten was unquestionably mad; in others it was impossible to determine positively the dog's condition.

DR. THOMAS M. MARKOE, who has been chosen Vice-President of the College of Physicians and Surgeons, has been a medical professor in New York for nearly half a century, and is now seventy years of age. As a lecturer he has always been regarded with the highest favor by the students of this college, which is now the best equipped institution of its kind in the United States.—*Times.*

PHILADELPHIA SANITARIUM.—John F. Smith has contributed $1000 toward the movement to endow a limited number of free beds and small rooms for the care of sick children during the summer months at the Sanitarium. Mr. Smith has endowed a room to the memory of his wife, Elizabeth Monroe Smith. Five hundred dollars will endow one of the fifteen free beds suitable for the treatment of sick children.

HE SAVED THE EYE.—Dr. Pillsbury—"How de do, doctor? What's the news?" Dr. Squills—"Nothing new; only I had an interesting case a few days ago." "Yes? What was it?" "I performed a wonderful operation on Mr. Fresh's boy's eye—little Johnny Fresh. He had a fearful case of cataract, and I saved the poor little fellow's eye." "That's good! How's the boy?" "Oh, the boy died."—*Drake's Magazine.*

FASHION FOR THE HAIR.—The latest feminine craze, that for wearing the hair in a simple braid, doubled up once, and tied with a piece of ribbon, school-girl fashion, has sense on its side in this hot weather, although it is rather harrowing to see when adopted by a shrinking, timid young miss of thirty or forty summers. It isn't fair for women with really long hair, though, for their braid is so long that it doesn't look nice, and is in the way besides.

TAKING PRECAUTIONS.—Mind Reader (about to entertain the members of a New York club)—Before beginning, gentlemen, I wish to inquire if there are any surgeons present?

President—Yes, there are two.

Then I shall require that a couple of policemen be summoned.

What for?

To protect me from their scalpels should I have an epileptic fit.

CORRECT DIAGNOSIS.—Doctor (feeling patient's pulse)—What is your husband's business?

Patient's Wife—He is a merchant.

D.—Has he been overworking himself of late?

P. W.—Not that I am aware of.

D. (musingly)—Singular.

P. W.—He bought an amateur photographer's outfit last week, and he has been busy ever since trying to make a picture.

D.—H'm! Brain fever.—*Boston Courier.*

MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.—The following changes have been made in the Faculty: Frank Woodbury, A.M., M.D., Honorary Professor of Clinical Medicine; William B. Atkinson, A.M., M.D., Honorary Professor of Sanitary Science and Pædiatrics; John V. Shoemaker, A.M., M.D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine; James M. Anders, PH.D., M.D., Professor of Hygiene and Clinical Diseases of Children.

DR. J. A. TONNER, formerly of New York, but at present a resident of Paris, is the medical officer of the American Commission to the French Exhibition. He has recently received from the Minister of Public Instruction permission to practice in France on the same footing as a native doctor graduated from a French school of medicine. This permission is rarely accorded to a foreigner who does not hold a diploma from a French school, Dr. Tonner being the second American to obtain it.

A GENERAL PRESCRIPTION.—In a hospital in one of the large cities of central France, the physician-in-chief, in the course of his round of inspection, approached a cot and, after feeling the patient's pulse, remarked: "Hum—he is doing very nicely; his pulse is much better." "It is as you say, doctor," replied the nurse; "but it is not the same man. Yesterday's patient is dead, and this one has been put in his place." "Ah," said the doctor, "different patient, eh? Well, same treatment." And he walked on.—*San Francisco Argonaut.*

VITAL STATISTICS.—Many New York citizens are surprised by the figures in the report of Dr. Tracey, Chief of the Bureau of Vital Statistics. He says that, without counting the better class of flats, New York has now 32,390 tenements, in which 1,100,000 people live. The most densely populated region of the city, covered almost wholly with tenements, lies east of Broadway and south of Fourteenth Street. The remarkable pages of Dr. Tracey's report are those in which he gives figures to show the lowness of the death-rate in the tenement quarters.

POISON IN THE VINEGAR CRUET.—Acting under the provisions of a recent law, the secretary of the State Board of Health has collected samples of the vinegar sold in this and other Indiana cities, and has just completed a careful analysis. Of eight samples thoroughly tested but one proves to be pure cider vinegar, and the other seven are nothing more than a decoction of rain-water and sulphuric acid. The largest vinegar manufactory in this city, which claims to sell pure apple vinegar, furnished the worst stuff that was found among the samples. The secretary says that it will destroy the stomach even of an ostrich if used liberally.—*Indianapolis Dispatch.*

DEATH OF A GREAT OBSTETRICIAN.—Dr. Elwood Wilson, of Philadelphia, one of the most distinguished obstetricians of modern times died recently at his country residence, near this city. Dr. Wilson was a member of many of the learned medical and scientific societies at home and abroad. He was a valuable citizen, an eminent practitioner, and excelled in the department of obstetrics. In addition to his great qualities as a practitioner, Dr. Wilson was also a most practical teacher of obstetrics, as has been shown by the large number of students who have been instructed by him in the past. The death of this great physician is a sad loss to his family as well as to the profession.

THE DOCTOR AND THE BROKER'S MAN.—The other day a young London doctor who, doubtless from some scientific or other high motive, had declined to pay a bill, had a "distress" served upon him in the most ingenious manner. His intelligence had long defied the bloodhounds of the law, but the broker's man alone was one too many for him. The doors were locked, the windows bolted, the area-gate impregnable; but the genius to whom had been intrusted the task of entering the castle was equal to the occasion. What he looked for was "the motive"—that is, the motive which would be most likely to induce a young doctor to open his door; and he found it in a "patient." He drove up to the door in a cab as a chronic but well-to-do invalid. Swathed in flannel he tottered up the steps, and when the sympathizing physician let him in and was about to inquire into his case, he replied: "Summons sir; I'm the broker's man."—*Tid-Bits.*

HARD WORK AND SUCCESS.—In the course of his address to the graduating class of Yale Law School recently, Chauncy M. Depew remarked: "The gifts of men are infinite in character and degree, but the rarest is the faculty for honest work. Persistent and intelligent industry will command recognition. Some men are the first scholars of their class in college and marvels of memory in the law school who are never heard of afterward. They are deficient in gray matter and sense, and should find their places outside the liberal professions before their careers are hopelessly ruined. I sometimes think that there is no limit to what a man can do, if the idle hours usually given to waiting for somebody or something, to worthless gossip, to the social glass at the club in the afternoon which unfits him for work in the evening, and to the fascinating luxury of emptyheadedness were hailed as special gifts of Providence to be treasured and used for study."

NEW MARINE HOSPITAL STEAMER.—A special dispatch from Wilmington, Del., on July 17th, announces that Pusey & Jones Company launched the new United States Marine Hospital steamer, Louis Pasteur, the first of three vessels of the class being built there. The vessel will be equipped with fumigating appliances, consisting of a furnace for the generation of sulphurous oxide gas, two tanks for bichloride of mercury, a steam generator, pumps for forcing the gas, and a blower and engine. The fumigating machinery will be on the main deck. The vessel is eighty feet length of keel, sixteen and a half feet beam, six and a half feet depth of hold, and when in service will draw four feet nine inches. She will have two high-pressure condensing engines, with cylinders fifteen inches in diameter. Her propeller is a four-blade twin-screw, four feet nine inches in diameter and six feet and a half pitch. Surgeon-General Hamilton witnessed the launch.

ADULTERATED FOOD AND DRUGS.—The Massachusetts State Board of Health in its monthly bulletin makes some striking revelations respecting the food market in that Commonwealth. The analysis made by the Board in April shows that of 522 articles of food or of drugs examined, 205 were more or less adulterated. Among the more notable instances noted are: Of 258 samples of milk examined, 122 were adulterated or found to vary from the legal standard. Of 5 samples of lard, all were adulterated; 11 out of 59 specimens of spices fell below the standard, as did also 11 out of 16 samples of maple-syrup, and 9 out of 19 samples of maple-sugar. In the case of molasses, of 28 samples 8 were adulterated, while 11 out of 18 samples of vinegar were found to be so treated. Of 51 samples of drugs, however, but one was found varying from the legal standard. It is found that certain staple products, such as sugar, flour, and the various other cereal products, are very rarely adulterated, and the articles especially looked after by the Board are those found by experience to be especially liable to adulteration.

A NEW TREATMENT OF CANCER.—A writer in the London Lancet makes the following suggestions: "The point I wish to make known to the profession is that by combining the action of a strong depressant with papain, given internally, and, where possible, at the same time applied externally, the action of the papain seems to acquire a marked degree of potency.

"I will not at present say more, but simply ask the profession to make calm and unprejudiced trial of the following formula: ℞ Papain, gr. iij; thallin, gr. ij; glycerini tragacanthæ, q.s. ut fiat pilula. One pill to be taken every third or fourth hour, and, if well tolerated, the dose to be increased to two pills. If there seems to be need of a further increase, it is well to give the pills singly every hour instead of giving more than two at once, as the thallin is not generally well borne in doses exceeding four grains. The papain may be increased somewhat more rapidly than the thallin, but I do not think that it does much good in greater proportion to the thallin than as three to two. For external use the same proportion of the two drugs may be applied, either sprinkled on an open sore or gently inuncted with lanolin as a vehicle."

TREATMENT OF PNEUMONIA.—Dr. Kreider at the Illinois State Medical Society spoke as follows of the treatment of pneumonia:—

1. That baths should only be given in those cases which are not progressing favorably.

2. In severe cases nothing is calculated to give so much relief to all bad symptoms.

3. Rules for selecting cases and administering baths cannot be rigidly given. The thermometer is not always a guide for their administration. Difficulty of respiration and lack of secretion should lead to their employment regardless of the height of the mercury.

4. The bath should be given at a temperature of 100° or less, depending on the severity of the case and the condition of the patient. Baths of extremely low temperature have not been found necessary as yet, but I should not hesitate to employ them if occasion should require.

5. Stimulants should be given just before entering and on coming out of the bath-tub. The patient should not exert himself in the least.

6. The physician should himself superintend and aid in giving the bath. This rule can only be broken by having trained nurses who are competent to meet emergencies which might arise.

7. The bath treatment is capable of shortening the duration of the disease and convalescence, and of reducing mortality. Liebermeister says it has been reduced in his hands from 25 to 10 per cent. The ice coil will be found effective in the milder cases in reducing temperature and relieving pain, if placed directly on the affected side.

THE NEW QUARANTINE STATION AT THE ENTRANCE TO DELAWARE BAY.—It will be remembered that Congress at its last session appropriated a considerable amount of money for the equipment of seven quarantine stations, five for the Atlantic coast and two for the Pacific. Of this appropriation about $75,000 was assigned for the establishment of a thoroughly equipped station for the protection of the Delaware Bay and River. Heretofore, the only safeguard against the introduction of contagion below the Lazaretto has been the little hospital of the United States Marine Hospital Service, near Lewes, simply designed for the treatment of sick or wounded seamen, with no adequate provision for the iso-

lation of those suffering from infectious diseases. So well has this service been administered, however, that it has on several occasions, detained and disinfected pest-laden vessels and their crews, and thus stayed at the threshold causes which might have resulted in disastrous epidemics had they gained admission. At or near this point, the Legislature of Delaware has offered to cede to the United States the land necessary for the proposed buildings and appurtenances. The secretary of the State Board of Health of Pennsylvania, Dr. Benjamin Lee, has been designated a commissioner on the part of the United States, to meet commissioners appointed by the State of Delaware, and, in conjunction with them, to locate and fix the boundaries of this reservation. This preliminary will be speedily settled, and work will be begun at an early date. The fumigating steamer for the station is now in process of construction at the Pusey & Jones Company's extensive works, at Wilmington, Del.

TROUBLE AT ANN ARBOR.—The following account of an unfortunate difficulty in medical circles in Michigan has just reached us through the columns of the Philadelphia Evening Telegraph: A long and acrimonious quarrel in the medical department of the State University at Ann Arbor, Mich., resulted in the enforced resignation of Professor Donald MacLean, at the head of the Department of Surgery, and Prof. G. B. Frothingham, holding a similar position in the Department of Ophthalmology. Both gentlemen occupy very high positions in their specialties. This is the result of the action of the Regents of the University, in locating a medical hospital at Ann Arbor, and securing an appropriation from the last Legislature for the purpose. Both these gentlemen advocated at Ann Arbor and before the legislative committee the location of the hospital at Detroit as a necessity, in order to secure the needful supply of clinical material. Their active advocacy of a project adverse to local interest aroused strong local animosities, while the Regents were offended at an alleged officious interference on the part of professors in their employ. At their meeting just before the last commencement the Regents demanded the resignations of the two offending gentlemen, and they were handed in at their recent meeting. The Regents appointed Dr. C. B. Nancrede, of Philadelphia, to succeed Professor MacLean. He is now a member of the Faculty of the University of Pennsylvania, and ranks among the first surgeons in the country. Professor Frothingham's successor was also chosen. He is Dr. Fleming Carrow, of Bay City, Mich. He founded an eye hospital in Canton, China, several years ago, and is reported a superior practitioner in the treatment of ophthalmic diseases.

A STORY ON YOUR WATCH.—"Mark down the figures on the face of a watch," said a jeweler.

1, 2, 3, 4, 5, 6—began the reporter, as he put pencil to paper.

"No, I mean Roman numerals."

Then this was produced,—

I, II, III, IV, V, VI, VII, VIII, IX, X, XI, XII.

"You are wrong," said the jeweler.

"I guess not," said the reporter.

"Well, look at my watch," continued the jeweler. "See the figure which stands for four o'clock."

The reporter looked and was surprised. It was IIII, and not IV.

"Are all the clocks and watches that way?" he asked.

"Every one which has Roman figures on its dial. It is nothing but a tradition among watchmakers, but the custom has always been preserved. The first clock that in any way resembled those now in use was made by Henry Vick, in 1370. He made it for Charles V, of France, who has been called 'The Wise.' Now, Charles had a reputation for wisdom, and thought it was necessary to keep it up.

"'Yes, the clock works well,' said the King, "'but you have got the figures on the dial wrong.'

"'Wherein, your majesty,' asked Vick.

"'That four should be four ones,' said the King.

"'You are wrong, your majesty,' said Vick.

"'I am never wrong,' thundered the King. 'Take it away and correct the mistake.' And corrected it was, and from that day to this 4 o'clock on a watch or clock dial has been IIII, instead of IV. The tradition has been faithfully followed."—*Toledo Blade.*

THE MEDICO-CHIRURGICAL COLLEGE CATALOGUE.—The annual catalogue for 1889–1890, just issued, includes a brief account of the three and four years' course of higher medical education adopted by this institution, together with a list of those engaged in teaching the various departments of medicine. A description is also given of the different laboratories and the manner in which they are conducted. A roster for the first, second, third, and fourth, or post-graduate, courses, and a list of the students in each class is likewise to be found in this annual report. One hundred and fifty-one were in attendance during the past year, as follow: Fourth, or post-graduate class, thirteen; third class, thirty-six; second class, thirty-six; first class, forty; and special matriculants, twenty-six. This most excellent report shows how well a graded three years' course which is compulsory is being appreciated by the members of the profession. The catalogue, which is thus well arranged, contains a list of the examining questions given to

the class which graduated in April, 1889. One of the most practical portions of this report is a list of the expenses of the medical student, which is of so much advantage to those seeking a medical education that we append it, as follows:—

Winter Session.—First Year: Matriculation (paid but once), $5.00; for general ticket, admitting to all lectures and laboratory work, including dissecting, $75.00.

Second Year: For general ticket, admitting to all lectures and laboratory work for the year, including dissecting, $75.00.

Third Year: For general ticket, including all lectures and practical work of this year (no graduation fee), $100.00. Fee for third year to graduates of other schools, including privileges of graduation, $100.00.

Fourth Year: Graduates of this school are admitted free; graduates of other schools upon the payment of a matriculation fee only; graduates of a three years' school will be permitted to join the graduating class for the degree of this school upon the payment of a fee of $40.00. The seats are issued to the students in the order of their registration, and are subject to forfeiture if the fees are unpaid by November 1st.

Spring Session.—Tuition, $25.00; this sum will be credited on account of the ensuing winter term. A fee of $5.00 is required from each student for each department,—histology, pharmacy, chemistry, and operative surgery,—to pay for the material used in the laboratories.

The Medico-Chirurgical Hospital, which received a grant of fifty thousand dollars from the Legislature of the State of Pennsylvania, is also described in this report, with all its great clinical facilities. Copies of the catalogue, or inquiries concerning boarding adjacent to the college, which can be obtained at $3.00 and upward, will be furnished on application to the Secretary, Dr. E. E. Montgomery, 1818 Arch Street, Philadelphia, Pa.

Sir James Grant, M.D., K.C.M.G., physician to the Governor-General of Canada, delivered an address on the "Progress of Medical Science During the Past Half Century," at the fortieth annual meeting of the American Medical Association, Newport R. I., June 27, 1889. He said: I beg to return to you my sincere thanks for the invitation extended by a committee of this Association to be present at this meeting of the medical profession of the United States, and it is an additional source of gratification that I am asked to a seat on this platform. I am reminded of the fact that when the Marquis of Lorne was governor of Canada, the Royal Society was invited to lunch at the government house. When the health of the President of the United States was proposed, a sentiment which we Canadians fully appreciate, and which we are delighted to honor next to that of our glorious Queen Victoria, Mark Twain was asked to respond. He thanked his excellency for the compliment and was proud to be the recipient of the distinction, but regretted that being unprepared he was unable to respond. I feel very much in the same position on being called upon to speak to this large body before me. For fully twenty-five years I have been in the habit of attending the meetings of your Association at various points, and it is to me a source of pride and gratitude to be able to note the progress of that profession to which I have the honor to belong. This is an exceedingly important epoch in the history of our profession. You have just celebrated your one hundredth anniversary, which marks the progress of this great country. In entering the hall to-day, the observation dropped from a bystander that the insane doctors were meeting here. It struck me as somewhat peculiar, inasmuch as I was not aware of the fact that this meeting could appropriate that idea. It was soon cleared up as I learned that that branch of the profession met here. Let me, for a short time, draw your attention to the remarkable advance in the several departments of the profession, which has been made within the past century.

It was in 1835 that Gardner Hill, of the Lincoln Lunatic Asylum, announced the treatment of insanity by non-restraint. Prior to that time the poor lunatic was subject to be confined in the corner of a cell with chains round his neck, his arms manacled, and pendulous clubs attached to his feet in order to prevent locomotion. His food was served to him as it would be to an ordinary quadruped, and in fact the whole treatment of the insane in those days was most irrational in its character. Much credit is due to Pinel, in Paris; Tuke, of York; and Charlesworth, in the city of Lincoln asylum, in which the grand final experimenting of entire freedom of the insane was carried out.

We find here that in the great institutions of this country for the treatment of the insane every indication of progressive development as to the principles of treatment in cases of mental aberration have been carried into operation most successfully. You have undoubtedly great workers in the subject of psychological investigations. When in Edinburgh some years ago, Dr. Tuke, the author of that admirable work on "Insanity," remarked to me that by far the best journal on psychological medicine was that published by the late Dr. Jewell, of Chicago. The investigations of the late Dr. Gray, of Utica, are well known, doubtless, to every member of the Association. The subject of cerebral pathology attracted his closest attention, and his demonstrations by the large microscopic sections of the brain, which he was enabled to make, did much to convey an accurate idea of cerebral structure

under very diverse circumstances. Strange to say that some of the most violent forms of insanity ever under the microscope have not been traced to anything like change of structure. Such, also, was the impression conveyed to me by Tuke, of Edinburgh. These, of course, may be looked upon as irregular cases, as usually insanity rarely takes place without some definable reason in the great nervous centre. Under these circumstances is not the trite and laconic observation of Punch brought home to us with more than ordinary force: "What is matter, never mind, and what is mind, that's the matter." Pursuing this subject still further, the investigations of our physiologists within the past quarter of a century have certainly accomplished much as regards our knowledge of the nervous system. Disturbed cerebral centres frequently telegraph their abnormal condition to the peripheral surface, producing an abnormal condition of facial expression. By a process of careful analytical induction such men as Ferrier, of London; Hamilton and Seguin, of New York; and Hammond, of Washington, have been enabled to take stock of the changes and define the region of the disturbed centres. This embraces the great recent advances in the subject of cerebral localization, and is the very cue to the advances in cranial surgery undertaken by such men as Horsley, of London; McKeon, of Glasgow; and Seguin and Warren, of New York.

In looking around me on this platform, I am extremely grateful to find present one of the ex-presidents of this Association, Dr. Bowditch, of Boston, whose name is so closely associated in the subject of pleuritic effusion, and who worked so vigorously to convey his accurate impressions as regards the treatment of this important thoracic disease. Not alone have his observations been confined to the chest, but in the domain of preventive medicine he has also been one of the pioneers. It has been well said that "an ounce of prevention is better than a pound of cure," and notwithstanding the fact that the members of the medical profession in the advocacy of sanitary science are curtailing very effectively the means of their ordinary livelihood, still their philanthropic efforts are never stayed where they can be of advantage to the public at large. The great public institutions of this country give evidence of the principles of sanitary science. The jails are made comfortable even for the most dejected criminal. The hospitals give evidences of thorough ventilation and ample supply of light and all the modern improvements for sewage and water supply, very important factors in the treatment of the sick. The articles of diet are being carefully investigated. Milk is now known to be a prolific source both of scarlet fever and diphtheria, and in early life, being a common source of diet, how necessary are the investigations of the sanitarian. Less than half a century ago, Farr, of London, gave a great impulse to the progress of sanitary science by the introduction of tabulated statistics as to the life and death rate. In the various medical institutions in this country, as well as in Canada, the subject of sanitary science is receiving the most careful consideration, and very justly so, inasmuch as it pertains most closely to the welfare of society at large. Let me draw your attention for a few moments to a great gymnasium of the human system, of which we have evidence in the surgery of the abdominal cavity. This country has reason to feel proud of what has been accomplished in this department. The name of Ephraim McDowell, of Kentucky, with you, as with ourselves, is a household word. He possessed the skill, the forethought, and the knowledge which enabled him to undertake the first ovariotomy. Following rapidly in his path came Dunlop, of Ohio, and Kimball, of Lowell, Mass., the latter of whom maintains the vigor of youth, although considerably over his seventieth year. These men constitute an intellectual tripod, if I may so term it, in the domain of abdominal surgery. Before me I see a gentleman whose name I cannot refrain from giving expression to, Dr. Senn, of Chicago, who has accomplished so much with reference to the lesions of the intestinal canal. His name will undoubtedly become a household word amongst the members of our profession. While advertising thus personally to what your men have achieved, I feel confident you will join with me in recognizing the admirable achievements in the same line of thought brought about by such men as Sir Spencer Wells, Drs. Thornton, Bantock, Lawson Tait, and Keith, of Edinburgh. Almost every organ in this cavity has been operated on successfully, and the achievements mark beyond a doubt the progress of surgery during the latter half of this century. There is another department concerning which I desire to allude briefly, namely, that of therapeutics. We have with us to-day Shoemaker, of Philadelphia, and Professor Stuart, of McGill University, in Montreal, both of whom are actively engaged in therapeutic inquiry. Medicines are now no longer, we hope, administered empirically; the why and wherefore are being inquired into most carefully. How the remedial agents act directly or indirectly on the blood and tissues is the subject of much physiological research. Here comes in a question of the slowing of the heart's action by digitalis and the reduction of febrile states of the system by antipyretics. Much credit is due to the pharmaceutical associations of this country for the elegance of the preparations placed before the profession, so much so that the old British Pharmacopœia must undergo considerable modification. There is also a marked advance in dietetics, embracing

peptonoids and very digestive materials introduced to tone and assist digestive function. Cod-liver oil and its emulsion also occupy an important place as therapeutic adjuncts. And in addition the triturates so recently introduced are doubtless valuable as means of medicinal administration.

On my way from Boston, yesterday, I was gratified to read the instructive address of the Hon. Chauncey Depew to the legal profession, in which he referred to the representation of this country. Of the thirty-two presidents, eighteen were members of the legal profession, and during the past one hundred years, in eighty-two of that period the presidential chair has been occupied by legal lights of this country. The bearing of this subject is extremely important, inasmuch as the medical profession is concerned. In the Commons of Canada there are at least fifteen or twenty medical men, and in the Senate also quite a number of members of the medical profession. In the local provincial parliaments our profession is ably represented. Thus we have been enabled to guide and direct public opinion toward the important question of medical education. I listened with pleasure to the report of your committee on this subject, recommending the introduction of a higher standard in this country, both as to preliminary education and subsequent academic study. Having been upward of twenty-two years consecutively in the Medical Council of Ontario, I have had opportunities of observing the importance of this question. The local Parliament of Ontario passed a bill for the formation of a Council, giving it the power to appoint examiners in medicine, irrespective of the teaching bodies, and thus guard the portals of entrance into the medical profession. Prior to this time the entrance of homœopathists and eclectics into the profession was very considerable, but now that matters have been placed on a uniform basis of examination, except in special subjects such as homœopathy and eclectic materia medica, we find that this elevated standard has improved very materially the entire status of our profession ; in fact, to-day there are very few graduating homœopathists or eclectics compared to the regular profession, greatly brought about by the introduction of the elevated standard of medical education.

In the great medical centres of this country we cannot fail to miss many of the old landmarks, men like Dunglison, Gross and Pancoast, of Philadelphia ; Parker, Burk, Marion Sims, Flint, Hamilton and Van Buren of New York ; White, of Buffalo ; Brainard and Jewell, of Chicago. These men gave a force, a character, and an impulse to the profession recognized throughout the civilized world. Younger men are following rapidly into the path of distinction, and have achieved more than an ordinary celebrity, such as Thomas and Emmett, of New York ; Storer, of Boston ; and Goodell, of Philadelphia ; particularly in the diseases of women. I am pleased to observe here so many younger members of the profession. To attend these meetings is a duty they owe not only to themselves but to the communities in which they are laboring. Here we receive, as it were, a bird's-eye view of the progress of our profession in every department, and the very intellectual friction produces a tonic influence which sends every member of this Association home with renewed vigor in that profession we delight to honor. A young Western physician, recently visiting Paris, asked his professor if he knew so and so in the medical profession ; the reply was that he did not. "What has he written ?" was the question asked. The young physician answered, "He has not written anything so far as I know, but he has a very large practice." To the younger members of the medical profession I would say, in order to achieve a lasting reputation, record your facts, note carefully bedside observations, and do not be in a hurry in drawing sudden conclusions. Thus you will be enabled to contribute your mite to the journalism of this country, and support a most commendable department of literature which guards over the best interests of our profession.

To the profession in Canada permit me to say that I consider ourselves one people. Placed as we are on either side of an imaginary Chinese wall, we speak the same language, we enjoy the same literature, we take our inspirations from the same fountains of science in all that pertains to the best interests of our profession, and I will say, in as far as the unity of that profession is concerned, that the beautiful sentiment expressed by Her Majesty the Queen on the completion of the Atlantic cable applies equally well to our profession : "What God hath joined together let no man put asunder." In conclusion, let me again return you my warmest thanks for the kind reception I have received and the delight I have experienced in the presence of your great historian, Bancroft, and many other old friends I see around me still in the vigor of life. Let us then work on to do honor to our profession, to alleviate the sufferings of humanity, and in that profession to perform the most important responsibilities assigned to our respective charges. And I feel I cannot do better than express the lines so beautifully written by your gifted poet who now slumbers amidst the illustrious dead of this great Republic :—

"Let us then be up and doing,
With a heart for any fate ;
Still achieving, still pursuing,
Learn to labor and to wait."

The distinguished speaker was frequently interrupted by loud applause.— *The Journal of the American Medical Association.*

BOOK REVIEWS.

The Physiology of the Domestic Animals. A Text-Book for Veterinary and Medical Students and Practitioners. By ROBERT MEADE SMITH, A.M., M.D., Professor of Comparative Physiology in the University of Pennsylvania, etc., with over 400 illustrations. Philadelphia and London: F. A. Davis, Publisher, 1889.

After a most able introduction by the author, who clearly shows that he is master of his subject, the description of general physiology is treated of under the general properties of cells, from which the tissues and organs are constructed. The remaining portion of part one is devoted to cellular physics, cellular chemistry, and chemical processes in cells. Special physiology follows in part second, and is of very great importance and of much interest to all scientists. The subject of food, which has recently attracted so much attention owing to the lack of general knowledge upon it by very many, receives from Dr. Smith a most careful and thorough consideration. Vegetable, animal, and inorganic foods are separately discussed with well-prepared tables, which will be of great advantage for medical men to refer to.

Digestion is most admirably treated of by the author under section two, and the illustrations, which accompany the text, are not only very fine and graphic, but are striking, and serve to impress well upon the reader's mind this all-important portion of the work. Absorption, the chyle, lymph-blood, respiration, secretion and nutrition, are in turn spoken of by the author in a clear and forcible manner. The physiology of movement, which is to be found on page 701, is one of the most interesting portions of the book, and should be of great value to all searchers after knowledge. Dr. Robert Meade Smith has produced a book which ranks as being the only one of its kind in existence. It abounds in everything that will interest and instruct the student and practitioner. The publisher has likewise given to the public a work that is a great credit to a publishing house. The text of the nine hundred and thirty-eight pages are a beautiful expression of the art of type-setting, with good material, and the pages are made more attractive by some of the finest illustrations, which at once serve to fix the subject under consideration.

Transactions of the College of Physicians of Philadelphia. Third series, volume the tenth. Philadelphia: Printed for the College. 1889.

This volume contains many very valuable pages, especially the one relating to investigations relating to the etiology and prophylaxis of yellow fever, by Dr. George M. Sternberg. A case of double consciousness by Dr. Weir Mitchell is likewise very interesting and instructive. The volume includes over four hundred pages, and is handsomely bound and well arranged for future reference.

On the Treatment of the Morphine Habit. By DR. ALBRECHT ERLENMEYER. Translated by E. P. HURD, M.D. Detroit, Mich.: George S. Davis, Publisher.

This is a chapter translated into English from the great work of Dr. Albrecht Erlenmeyer, on the morphine habit; though much abridged, especially that portion treating of the cocaine habit, as stated in the preface, yet it contains enough to make it instructive and valuable reading. The manner in which it is published, as a number of the "Physician's Leisure Library," places it within the reach of every one.

This is one of those books which, like "Quincy's Confessions of an Opium Eater," should be read by the laity in general; for, knowing the dangers of these habits to others, they will the more avoid such practices themselves.

Synopsis of Human Anatomy. By JAMES K. YOUNG, M.D., Instructor in Orthopædic Surgery, and Assistant Demonstrator of Surgery in the University of Pennsylvania; Attending Orthopædic Surgeon Out-Patient Department University Hospital; Fellow of the College of Physicians, etc. Philadelphia and London: F. A. Davis, Publisher.

This number of the "Physicians' and Students' Ready Reference Series," is admirable in both text and illustration, covering the broad field of human anatomy in a most thorough manner. It is compiled from such authorities as Gray, Leidy, Quain, Holden, etc., in general, and such as Lusk, Spiegelburg, Savage, and "American System of Dentistry," on special subjects.

Prominent among its many good features is the chart of cranial nerves, giving the superficial and deep origins, exit, divisions, distribution, and termination and function of each nerve.

THE PREVENTION OF MIGRAINE.

Dr. Hammerschlag has never been disappointed in the use of the following combination for preventing sick-headache:—

℞	Caffein citrat.,	1.00 = gr. xv.
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M. Ft. pulv. div. in dos. æqual. no. x. Divid. in capsul. amylac.

Sig.: One capsule every two to three hours during the interval between the attacks.—*The Times and Register.*

COMMERCIAL NEWS.

April Number.

We will advance your subscription three months for each April (1889) number of The Medical Bulletin you send us.

An Old Practice.

One which has proven a bugbear to many of our readers is the practice of having to transcribe their calls to a journal; then, again to a ledger, before an account can be rendered to their patient.

Henry Bernd & Co., of St. Louis, have, however, recently perfected a system whereby the calls once entered *are posted*, and the patient can be told the amount of his indebtedness at a glance, without referring to auxiliary books. Those physicians now using them speak in the highest terms of praise of Bernd's registers, which are rapidly becoming the standard account-books for the physicians of America.—*Virginia Medical Monthly.*

A man reading a newspaper on a car on the elevated road was observed to chuckle vociferously. Another man sitting alongside of him, remarked, "You seem to be very much amused!" "You bet I am amused; I expect to rake in several thousand dollars." "Rich relative dead and left you money?" "Better than that. I have just read that the board of health is going to tear up the streets in my ward and lay new sewer-pipes. That means typhoid fever, and I am an undertaker. I tell you, my dear sir, I don't know what we poor undertakers would do for a living if it wasn't for that board of health."—*Drug Circular.*

Index to Advertisements.

For the convenience of our numerous readers, we will hereafter insert a classified index of advertisements appearing in The Medical Bulletin. It will be found on advertising page 29 of the current issue.

For Sale.

A fine residence and well paying physician's practice at a bargain A grand opportunity. For particulars address

Durbin & Neiffer,
6 Court Avenue, Harrisburg, Pa.

High Honors.

The highest possible scientific indorsement that can be given by the city of Philadelphia has recently been bestowed upon A. A. Marks, the well-known manufacturer of artificial limbs, No. 701 Broadway, New York City. After a searching investigation by the Committee of Sciences and Arts of the Franklin Institute of the State of Pennsylvania, they advised the "Board of Directors of City Trusts" that, on account of superior merit in every detail of the manufacture of artificial limbs, this firm was entitled to the John Scott Legacy Premium and Medal. Physicians will do well to bear this in mind, as the advantages of a well fitted artificial limb, constructed on scientific principles, is so well known as to render further comment unnecessary.

Improved Hypodermic.

The syringe manufactured by G. W. Lutz & Co., of Indianapolis, Ind., possesses many advantages over the old-fashioned and more or less troublesome instruments at present in use. One of its many valuable features is the ability of the operator to expand the plunger without removing the syringe or withdrawing the needle from the patient. Regardless of its other merits, this alone should recommend it to all who desire a thoroughly practical instrument.

Lactated Food.

The use of this well-known preparation saves many little ones at this time of the year. In fact, it has come to be regarded by a great many of the profession as almost a specific for cholera infantum and the many other summer ailments to which the babies are particularly liable at this season.

Dr. Moreau R. Brown, Professor of Laryngology and Rhinology of Chicago Polyclinic, writes to the Soden Mineral Springs Company, as follows:—

"I find the results of the Soden Mineral Water and Pastilles are very satisfactory in subacute pharyngitis, as well as in chronic catarrhal conditions of the upper air-passages."

For Index to Advertisements, see advertising page 29.